

ICD 10 CM

**CHAPTER SPECIFIC
GUIDELINES 1 - 5**

CHAPTER SPECIFIC CODING GUIDELINES

- In addition to general coding guidelines, there are guidelines for specific diagnoses and/or conditions in the classification.
- Unless otherwise indicated, these guidelines apply to all health care settings.

CHAPTER 1

**Certain Infectious and
Parasitic Diseases**

A00-B99

U07.1

Human Immunodeficiency Virus Infections

Code only confirmed cases

The provider's diagnostic statement that the patient is HIV positive, or has an HIV-related illness is sufficient.



Human Immunodeficiency Virus Infections

Human Immunodeficiency Virus Infections

HIV Related Condition

Unrelated Condition

Date patient was diagnosed

Asymptomatic HIV

Inconclusive HIV test

Previously diagnosed HIV illness

HIV & Pregnancy, Childbirth and the Puerperium

Testing for HIV

B20

- B20 – Human immunodeficiency virus [HIV] disease
- HIV disease
- AIDS
- AIDS – related complex [ARC]
- AIDS – related conditions, HIV related illness
- HIV infection, symptomatic

Z21

- Z21 – Asymptomatic human immunodeficiency virus [HIV] infection status
- HIV infection
- HIV positive
- HIV
- Known HIV
- HIV virus
- HIV status
- HIV test positive
- HIV infection, asymptomatic

- **2) Selection and sequencing of HIV codes**
 - (a) **Patient admitted for HIV-related condition**
 - **principal diagnosis - B20** (Human immunodeficiency virus [HIV] disease) followed **by additional diagnosis codes for HIV related condition**
 - (b) **Patient with HIV disease admitted for unrelated condition**
 - admitted for an unrelated condition (such as a traumatic injury), the **code for the unrelated condition** (e.g., the nature of injury code) **should be the principal diagnosis – B20 – HIV related condition**

- (c) Whether the patient is newly diagnosed or has had previous admissions/encounters for HIV conditions
 - irrelevant to the sequencing decision
- (d) Asymptomatic human immunodeficiency virus
- Z21 - without any documentation of symptoms - HIV positive, known HIV, HIV test positive
- But – AIDS , pt treated for any HIV related illness, having any condition resulting from his / her positive status – use B20

- (e) **Patients with inconclusive HIV serology**
 - but no definitive diagnosis or manifestations of the illness
 - code R75 - Inconclusive laboratory evidence of human immunodeficiency virus [HIV].
- (f) **Previously diagnosed HIV-related illness**
 - **Code B20**
 - never be assigned to R75 or Z21

- (g) **HIV Infection in Pregnancy, Childbirth and the Puerperium**
- a principal diagnosis code of O98.7-, Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium.
- followed by B20 and the code(s) for the HIV-related illness(es).
- Chapter 15 always take sequencing priority.
- asymptomatic HIV infection status admitted (or presenting for a health care encounter) -
- O98.7- and Z21.

(h) Encounters for testing for HIV

- to determine his/her HIV status - **use code Z11.4, Encounter for screening for human immunodeficiency virus [HIV] – additional code for any associated high risk behavior.**
- with signs or symptoms is being seen for HIV testing - **code the signs and symptoms - additional counseling code Z71.7, Human immunodeficiency virus [HIV] counseling, may be used if counseling is provided during the encounter for the test**

- When a patient returns to be informed of his/her HIV test results - the test result is negative, use code **Z71.7, Human immunodeficiency virus [HIV] counseling.**
- If the results are positive, see previous guidelines and assign codes as appropriate.

(i) HIV managed by antiretroviral medication

- If a patient with documented HIV disease, **HIV-related illness or AIDS** is currently managed on antiretroviral medications, assign code **B20**, Human immunodeficiency virus [HIV] disease
- And Code **Z79.899**, Other long term (current) drug therapy, may be assigned as an additional code to identify the long-term (current) use of antiretroviral medications

- HOW TO LEAD CODES
- B20
- Z21
- R75
- Z11.4
- Z71.7

EXERCISE – HIV / AIDS

- HIV / AIDS CONFIRMED
- PT IS ADMITTED WITH KAPOSI SARCOMA AND AIDS
- AIDS PATIENT PRESENTS WITH TREATMENT OF DEHYDRATION
- SCREENING OF HIV
- PT HAS FEVER AND OTHER SIGNS AND SYMPTOMS. HE IS EVALUATED FOR HIV BUT REPORT IS NEGATIVE.
ASSIGN THE CODE
- IF LAB REPORT IS POSITIVE , WHAT CODE WILL U ASSIGN?

Infectious agents as the Cause of disease classified to other chapters

B95

B96

B97

- A code from category B95, Streptococcus, Staphylococcus, and Enterococcus
- B96, Other bacterial agents as the cause of diseases classified to other chapters, or
- B97, Viral agents as the cause of diseases classified to other chapters, is to be used as an additional code to identify the organism.

Infections resistant to antibiotics

Z16

Assign a code from category Z16, Resistance to antimicrobial drugs, following the infection code only if the infection code does not identify drug resistance

Sepsis

Systemic
Infection

Negative or
inconclusive
blood cultures

Urosepsis

Sepsis with
Organ
Dysfunction

AOD not
associated
with Sepsis

- For a diagnosis of sepsis, assign the appropriate code for the underlying systemic infection - assign code **A41.9, Sepsis, unspecified organism**.
- Negative or inconclusive blood cultures and sepsis – QUERY THE PROVIDER
- Urosepsis – NON SPECIFIC TERM – QUERY THE PROVIDER
- **Sepsis with organ dysfunction – CODE FOR SEVERE SEPSIS**
- Acute organ dysfunction that is not clearly associated with the sepsis – DO NOT CODE SEVERE SEPSIS R65.2 – QUERY THE PROVIDER

Severe Sepsis



Systemic infection



R65.2



No organism documented

- first a code for the underlying **systemic infection – A41.9** (IF ORG NOT MENTIONED)
- followed by a code from **subcategory R65.2, Severe sepsis**.
- Additional code(s) for the associated **acute organ dysfunction** are also required.

Septic Shock



SYSTEMIC
INFECTION

R65.21 OR T81.12

- For cases of septic shock
- the code for the **systemic infection** should be sequenced first
- followed by code **R65.21, Severe sepsis with septic shock**
- or code **T81.12, Post procedural septic shock**.
- Any additional codes for the other **acute organ dysfunctions** should also be assigned.

Sequencing
Severe
Sepsis

Present
on
admission

- Underlying systemic infection
- R65.2

Not
present
on
admission

- Underlying systemic infection
- R65.2

**PRINCIPAL
DIAGNOSIS**

**SECONDARY
DIAGNOSIS**

Severe sepsis and localized infection

1. Underlying system infection

2. Localized infection

? Severe Sepsis

- 1. REASON FOR ADMISSION – SEPSIS / SEVERE SEPSIS + LOCALIZED INFECTION – CODE SEPSIS FIRST , SECONDARY CODE FOR LOCALIZED INFECTION, R65.2 IF PRESENT**
- 2. ADMITTED WITH LOCALIZED INFECTION , SEPSIS NOT DEVELOPED UNTIL AFTER ADMISSION – CODE FOR LOCALISED INFECTION FIRST, FOLLOWED BY SEPSIS / SEVERE SEPSIS CODES**

Sepsis due to a postprocedural infection

Causal relationship



BASED ON PROVIDER'S DOCUMENTATION

Sepsis due to postprocedural infection

Postprocedural infection and postprocedural septic shock

- T81.40, to T81.43 Infection following a procedure
- O86.00 to O86.03, Infection of obstetric surgical wound, that identifies the site of the infection should be **coded first**, if known.

- Assign an additional code for sepsis following a procedure (**T81.44**) or
- sepsis following an obstetrical procedure (**O86.04**).
- Use an additional code to identify the infectious agent
- If the patient has severe sepsis - R65.2 + additional code(s) for any acute organ dysfunction.
- For infections following infusion, transfusion, therapeutic injection, or immunization, a code from subcategory T80.2
- T88.0-, Infection following immunization, should be coded first, followed by the code for the specific infection.
- R65.2 + ORGAN DYSFUNCTION IF PRESENT

- **Postprocedural infection and postprocedural septic shock**
- sepsis due to a postprocedural infection, followed by code **T81.12-**, Postprocedural septic shock.
- Additional code(s) should be assigned for any acute organ dysfunction

Sepsis and
severe sepsis
associated
with a
noninfectious
process
(condition)



Noninfectious
condition



Infection



Sever Sepsis

- **NON INFECTIOUS CONDITION – TRAUMA / BURNS**
 - FIRST – CODE CONDITION
 - SECOND – INFECTION
 - R65.2 + ORGAN DYSFUNCTION IF PRESENT

Hemolytic-uremic syndrome associated with sepsis

- If the reason for admission is hemolytic-uremic syndrome that is associated with sepsis, assign code **D59.31, Infection-associated hemolytic-uremic syndrome**, as the principal diagnosis.
- And Codes for the underlying **systemic infection** and any other conditions (such as **severe sepsis**) should be assigned as secondary diagnoses

MRSA

Combination
codes

Other
MRSA codes

MSSA and
MRSA
Colonization

MRSA
colonization
and infection

Methicillin Resistant Staphylococcus aureus (MRSA) Conditions

- 1) Selection and sequencing of MRSA codes
 - (a) Combination codes for MRSA infection
- Infection due to MRSA with causal organism – eg. Sepsis , pneumonia – combination code
- e.g., **code A41.02**, Sepsis due to Methicillin resistant Staphylococcus aureus
- code **J15.212**, Pneumonia due to Methicillin resistant Staphylococcus aureus.
- B95.62 – DO NOT ASSIGN AS ADDITIONAL DIAGNOSIS- as the cause of diseases classified elsewhere
- Z16.11 – DO NOT ASSIGN AS ADDITIONAL DIAGNOSIS- Resistance to penicillins –

- (b) **Other codes for MRSA infection**
- current infection due to MRSA – if , no combo code – assign condition and MRSA code (B95.62)
- **Methicillin susceptible Staphylococcus aureus (MSSA) and MRSA colonization**
- Colonization means that MSSA or MSRA is present on or in the body without necessarily causing illness
- **Assign code Z22.322**, Carrier or suspected carrier of Methicillin resistant Staphylococcus aureus, for patients documented as having MRSA colonization.
- **Assign code Z22.321**, Carrier or suspected carrier of Methicillin susceptible Staphylococcus aureus, for patients documented as having MSSA colonization

- (d) **MRSA colonization and infection**
- If a patient is documented as having both MRSA colonization and infection during a hospital admission - **code Z22.322** (Carrier or suspected carrier of Methicillin resistant *Staphylococcus aureus* + **a code for the MRSA infection** may both be assigned.

Zika Virus Infections

Code confirmed
cases

Types of
confirmation

Contact with
(suspected)
exposure

f. Zika virus infections

- 1) **Code only confirmed cases**
- Code only a **confirmed diagnosis of Zika virus (A92.5, Zika virus disease)** as documented by the provider.
- This is an exception to the hospital inpatient guideline Section II, H. In this context, “confirmation” does not require documentation of the type of test performed; the **provider’s** diagnostic statement that the condition is confirmed is sufficient.

- If the provider documents "**suspected**", "**possible**" or "**probable**" Zika - **do not assign code A92.5.**
- Assign a code(s) explaining the reason for encounter (such as fever, rash, or joint pain) or
- **Z20.821, Contact with and (suspected) exposure to Zika virus.**

CORONA VIRUS INFECTIONS CODING GUIDELINES

- **G. CORONA VIRUS INFECTIONS**
- INFECTIONS DUE TO SARS – CoV2
- April 1, 2020 through September 30, 2020
- **A) Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19)**
 - AS documented by the provider,
 - documentation of a positive COVID-19 test result, or a presumptive positive COVID-19 test result (tested positive for a virus at a local or state level)
- For a confirmed diagnosis, assign code **U07.1, COVID-19..**

- If the provider documents "suspected," "possible," "probable," or "inconclusive" COVID19, do not assign code U07.1.
 - Assign a code(s) explaining the reason for encounter (such as fever)

b) Sequencing of codes

- When COVID-19 meets the definition of principal diagnosis, **code U07.1, COVID-19**, should be sequenced first, followed by the appropriate codes for associated manifestations,
- **except when** - another guideline requires that certain codes be sequenced first, such as obstetrics, sepsis, or transplant complications .

c) Acute respiratory illness due to COVID-19

(i) Pneumonia - due to the 2019 novel coronavirus (COVID-19) –

- assign codes U07.1, COVID-19, and**
- J12.82, Pneumonia due to COVID 19**

(ii) Acute bronchitis - due to COVID-19

- assign codes U07.1, and**
- J20.8, Acute bronchitis due to other specified organisms.**

Bronchitis not otherwise specified (NOS) due to COVID-19

- code U07.1 and
- J40, Bronchitis, not specified as acute or chronic.

(iii) Lower respiratory infection

- the COVID-19 is documented as being associated with a LRI, not otherwise specified (NOS), or an acute respiratory infection, NOS,
 - codes U07.1 and
 - J22, Unspecified acute lower respiratory infection, should be assigned.

- If the COVID-19 is documented as being with a **respiratory infection, NOS**,
 - codes **U07.1** and
 - **J98.8, Other specified respiratory disorders, should be assigned.**

(iv) Acute respiratory distress syndrome (ARDS)

- For acute respiratory distress syndrome (ARDS) due to COVID-19,
 - **assign codes U07.1, and**
 - **J80, Acute respiratory distress syndrome.**

Acute Respiratory Failure

- For Acute Respiratory Failure Due To COVID 19
- U07.1- COVID 19
- J96.0 – Acute Respiratory Failure

Non Respiratory Manifestation Of COVID 19

- Reason For The Encounter Is Non Respiratory Manifestation (Eg: Viral Enteritis)
- Code first U07.1- COVID 19
- Assign Codes For The Manifestation As Additional Diagnosis

d) Exposure Of COVID 19

- For Asymptomatic Individual With Actual Or Suspect Exposure Of COVID 19
- Assign Code: **Z20.822 (Contact With And Suspected Exposure To COVID 19)**
- For Symptomatic Individual With Actual Or Suspected Exposure To COVID 19
- Assign Code : **Z20.822 The Infection Has Been Ruled Out Or Test Results Are Inconclusive Or Unknown**
- Contact / Exposure For Additional Guidance Regarding The Use Of Category Z20 Codes
- If COVID 19 Is Confirmed, See COVID 19 Guidelines

Screening For COVID 19

- ***During The COVID 19 Pandemic, Screening Code Is Generally Not Appropriate***
- **Don't Assign Z11.52 (Encounter For Screening For COVID 19**
- **For Encounter For COVID 19 Testing Including Preoperative Testing, Code As Exposure To COVID 19**

f) Signs and symptoms without definitive diagnosis of COVID-19

1. Assign code for each of the presenting signs and symptoms such as:

- R05 Cough
- R06.02 Shortness of breath
- R50.9 Fever, unspecified
- If A Patient With Signs And Symptoms Associated With COVID 19 Also Has And Actual Or Suspected Contact With Or Exposure To COVID 19
- **Assign Z20.822 (Contact With And Suspected Exposure)**

g) Asymptomatic individuals who test positive for COVID-19

- For asymptomatic individuals who test positive for COVID-19 - assign code U07.1.

Personal History Of COVID 19

- For Patient With A History Of COVID 19
- Assign Code: **Z86.16 Personal History Of COVID 19**

- **Follow Up Visit After COVID 19 Infection Has Resolved**
 - For Individual Who Previously Had COVID 19 With Residual Symptoms Or Conditions Are Being Seen For Follow Up Evaluation And COVID 19 Result Is Negative
 - Assign Code : **Z09** - Encounter For Follow Up Examination , After Completed Treatment For Condition Other Than Malignant Neoplasm And
 - **Z86.16** (Personal History Of COVID 19)

Encounter For Antibody Testing

- For An Encounter For Antibody Testing That Is Not Being Performed To Confirm A Current COVID 19 Infection, Nor Is A Follow Up Test After Resolution Of COVID 19
- Assign **Z01.84** (Encounter For Antibody Response Examination)

Multi System Inflammatory Syndrome - MIS

– For Individual With MIS And COVID 19

- U07.1 : COVID 19 As Principal Diagnosis
- M35.81 : MIS

– If An Individual With A History Of COVID 19 Develops MIS

- M35.81 : MIS
- U07.1: Post COVID 19 Condition, Unspecified

– If An Individual With Known Or Suspected Exposure Of COVID 19 And No Current Infection Or History Of COVID 19, Develops MIS

- M35.81 : MIS
- Z20.822 : Contact With And Suspected Exposure To COVID 19
- Additional Codes For Any Associated Complications Of MIS

Post COVID 19 Conditions

- **For Sequela Of COVID 19 Or Associated Symptoms Or Conditions That Develops Following A Previous COVID 19 Infection**
 - Assign Codes For Specific Symptoms Or Conditions Related To The Previous COVID 19 Infection If Known,
 - **And code U09.9 Post COVID 19 Condition Unspecified**
 - **U09.9 Should Not Be Assigned For Manifestation Of An Active (Current) COVID 19 Infection**

– If A Patient Has A Condition Associated With A Previous COVID Infection And Develops A New Active (Current) COVID 19 Infection

U09.9 : Post COVID 19 Condition

U07.1 : COVID 19

- **Codes For The Specific Conditions Associated With The Previous COVID Infection And Codes For Manifestation Of The New Active (Current) COVID 19 Infection Should Be Assigned**

- **Under Immunization For COVID 19 Status**
 - **Z18.310** : Unvaccinated For COVID 19 When The Patient Has Not Received At Least One Dose
 - **Z28.311** : Partially Vaccinated For COVID 19 May Be Assigned

COVID 19	U07.1
Asymptomatic Individuals with actual/suspected exposure to COVID 19	Z20.822
Symptomatic Individuals with actual/suspected exposure to COVID 19, test results inconclusive	Z20.822
Personal History Of COVID 19	Z86.16
PNEUMONIA DUE TO COVID 19	U07.1 , J12.82
ACUTE BRONCHITIS D/T COVID 19	U07.1, J20.8
BRONCHITIS NOS D/T COVID 19	U07.1 , J40
ACUTE LRI OR NOS WITH COVID 19	U07.1, J22
RESPIRATORY INFECTION NOS WITH COVID 19	U07.1, J98.8
ARDS D/T COVID 19	U07.1, J80
ARF D/T COVID 19	U07.1, J96.0-
PREGNANCY	098.5 -, U07.1 , MANIFESTATION CODES

2.NEOPLASM C00 – D49

- To properly code a neoplasm
- it is necessary to determine from the record if the neoplasm is **benign, in-situ, malignant, or of uncertain histologic behavior.**
- If **malignant, any secondary (metastatic) sites** should also be determined

- **Primary malignant neoplasms overlapping site** boundaries (next to each other) - Subcategory/code .8 ('overlapping lesion')
- For multiple neoplasms of the same site that are not contiguous (tumors in different quadrants of the same breast) - codes for each site should be assigned.

- **Malignant neoplasm of ectopic tissue**
 - Malignant neoplasms of ectopic tissue are to be coded to the site of origin mentioned
 - e.g., ectopic pancreatic malignant neoplasms involving the stomach are coded to malignant neoplasm of pancreas, unspecified (C25.9).
- If the histological term is documented, that term should be referenced first, rather than going immediately to the Neoplasm Table - “**adenoma**,” refer to the term in the Alphabetic Index to review the entries under this term and the instructional note to “**see also neoplasm, by site, benign.**”

- 1. Treatment directed at malignancy** – Malignancy as principal diagnosis
2. Pt is admitted because of a primary malignancy with **metastasis** and **treatment directed towards secondary site** – secondary neoplasm as principal diagnosis
- 3. Coding and sequencing of complications:**
 - Admitted with anemia associated with malignancy and treatment only for anemia – **Mg as principal diag + anemia code (D63.0 – ANEMIA IN NEOPLASTIC DISEASE)**

➤ Anemia associated with chemotherapy, immunotherapy and radiation therapy

- TREATMENT ONLY FOR ANEMIA
- CODE ANEMIA +NEOPLASM +ADVERSE EFFECT
- T45.1X5-, Adverse effect of antineoplastic and immunosuppressive drugs.
- Y84.2, Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication,

- Management of dehydration due to the malignancy – treatment towards dehydration
 - Code first dehydration + malignancy
- Treatment of a complication resulting from a surgical procedure – treatment for complication
 - Complication as principal diagnosis
- Primary malignancy previously excised – there is no evidence of any existing primary malignancy
 - code Z85 (Personal history of malignant neoplasm)

- Patient admission/encounter solely for administration of chemotherapy, immunotherapy and radiation therapy –
 - Z51.0, Encounter for antineoplastic radiation therapy
 - Z51.11, Encounter for antineoplastic chemotherapy
 - Z51.12, Encounter for antineoplastic immunotherapy as the first-listed or principal diagnosis.
 - If a patient admission/encounter is for the insertion or implantation of radioactive elements (e.g., brachytherapy) - malignancy is sequenced as the principal or first-listed diagnosis. Code Z51.0 should not be assigned.

- **PT receives more than one of these therapies during same admission** – assign more than one of these codes in any sequence
- **Disseminated malignant neoplasm, unspecified** - Code C80.0
- **Encounter for treatment of primary malignancy** – assign primary site first
- **Encounter for treatment of secondary malignancy** – assign secondary site first
- **Malignant neoplasm in a pregnant patient** - O9A.1-, Malignant neoplasm complicating pregnancy, childbirth, and the puerperium as first code + malignancy code

- **Complication from surgical procedure for treatment of a neoplasm** – **complication code + malignancy / personal history**
- **Pathologic fracture due to a neoplasm** - - treatment is for fracture, a code from subcategory **M84.5, Pathological fracture in neoplastic disease** + followed by the code for the neoplasm.

- Current malignancy versus personal history of malignancy
 - Primary mg excised but treatment is continued – code for primary malignancy
 - Primary mg eradicated and no further treatment – code Z85
- Leukemia, Multiple Myeloma, and Malignant Plasma Cell Neoplasms in remission versus personal history
 - The categories for leukemia, and category C90, Multiple myeloma and malignant plasma cell neoplasms – indicates remission.
 - There are also codes Z85.6, Personal history of leukemia, and
 - Z85.79, Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

- Malignant neoplasm associated with transplanted organ - coded as a transplant complication.
 1. T86.-, Complications of transplanted organs and tissue,
 2. C80.2, Malignant neoplasm associated with transplanted organ.
 3. Use an additional code for the specific malignancy.

Breast Implant Associated Anaplastic Large Cell Lymphoma

- Assign code **C84.7A**, Anaplastic large cell lymphoma, ALK-negative, breast, for BIA-ALCL.
- Do not assign a complication code from chapter 19

Secondary malignant neoplasm of lymphoid tissue

- When a malignant neoplasm of lymphoid tissue metastasizes beyond the lymph nodes,
- a code from categories C81-C85 with a final character “9” should be assigned identifying “**extranodal and solid organ sites**” rather than a code for the secondary neoplasm of the affected solid organ.
- For example, for metastasis of B-cell lymphoma to the lung, brain and left adrenal gland, assign code **C83.39**, Diffuse large B-cell lymphoma, extranodal and solid organ sites

Exercise for neoplasm

1. Personal history of liver ca
2. Malignant neoplasm of lower segment of uterus – primary
3. Primary ca of vulva
4. Metastatic lung ca , RT lower lobe , spread from liver with treatment directed to the lung
5. Basal cell ca of skin of chin
6. Pneumococcal sepsis due to pneumococcal pneumonia with SIRS and renal failure

4.Endocrine, Nutritional, and Metabolic Diseases (E00-E89)

- **a. Diabetes mellitus**
 - combination codes
 - include the type of diabetes mellitus
 - the body system affected
 - the complications affecting that body system.
 - sequenced based on the reason for a particular encounter.

- **Types of codes in DM**
- E08 – Due to underlying condition
- E09 – Drug or chemical induced
- E10 – type 1
- E11 – type 2
- E13 – other specified DM

- Type 1 diabetes mellitus is also referred to as juvenile diabetes.
- Type of DM not mentioned – Default code – type 2 (E11. -)

DM and Use Of Insulin And Hypoglycemics and injectable non-insulin drugs –

- Type Of DM Not Mentioned But Use Of Insulin Mentioned
 - Code E11.- and Z79 (Identify The Long-Term (Current) Use Of Insulin Or Oral Hypoglycemic Drug or injectable non-insulin antidiabetic)
 - Patient Is Treated With Both Oral Medications And Insulin – Code both Z79.4 and Z79.84
 - Patient is treated with both insulin and an injectable non-insulin antidiabetic drug – Code Z79.4, Z79.85
 - Patient is treated with both oral hypoglycemic drugs and an injectable non-insulin antidiabetic drug – Z79.84, Z79.85
 - Code Z79.4 Should Not Be Assigned If Insulin Is Given Temporarily

- **Complications due to insulin pump malfunction**
 - Under dose due to insulin pump failure
 - Over dose due to insulin pump failure
- 1. **Under dose due to insulin pump failure**
 - T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, that specifies the type of pump malfunction, as the principal or first-listed code
 - T38.3X6-, Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs
 - Type of DM
 - Associated complications

- **Overdose of insulin due to insulin pump failure**
 - T85.6-, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, followed by code
 - T38.3X1-, Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional).

Secondary diabetes mellitus

- E08 , E09 , E13
- Secondary diabetes is always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy, adverse effect of drug, or poisoning).
- (a) **Secondary diabetes mellitus and the use of insulin or oral hypoglycemic drugs**
 - **Code secondary DM + Z79.4**

- (b) **Assigning and sequencing secondary diabetes codes and its causes**
 - (i) **Secondary diabetes mellitus due to pancreatectomy –**
 - assign code E89.1, Postprocedural hypoinsulinemia+ E13 + Z90.41, Acquired absence of pancreas
 - (ii) **Secondary diabetes due to drugs**
 - caused by an adverse effect of correctly administered medications
 - poisoning or
 - sequela of poisoning.

Exercise for DM

- Type 1 DM with ketoacidosis
- CKD with stage IV due to type 1 DM
- Secondary DM due to pancreatectomy
- DM with use of insulin routinely

Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)

- **a. Pain disorders related to psychological factors**
- **F45.41**, for pain that is exclusively related to psychological disorders and G89 should not be assigned
- **Code F45.42**, Pain disorders with related psychological factors + used with a code from category G89 if documented

- **Mental and behavioral disorders due to psychoactive substance use**
 - **1) In Remission** - Mental and behavioral disorders due to psychoactive substance use (categories F10-F19 with -.11, -.21, -.91) requires the provider's clinical judgment
 - Mild substance use disorders - substance abuse in remission
 - moderate or severe substance use disorders - substance dependence in remission.

- **2) Psychoactive Substance Use, Abuse and Dependence**
- When the provider documentation refers to use, abuse and dependence of the same substance (e.g. alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:
 - **use and abuse - abuse**
 - **abuse and dependence - dependence**
 - **use, abuse and dependence – dependence**
 - **use and dependence - dependence**

- **3) Psychoactive Substance Use, Unspecified**
 - unspecified psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-, F18.9-, F19.9-)
 - only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis
- **4) Medical Conditions Due to Psychoactive Substance Use, Abuse and Dependence**
 - Assign the diagnosis code for the medical condition as directed by the Alphabetical Index along with the appropriate psychoactive substance use, abuse or dependence code
 - For example, for alcoholic pancreatitis due to alcohol dependence, assign the appropriate code from subcategory K85.2, Alcohol induced acute pancreatitis, and the appropriate code from subcategory F10.2, such as code F10.20, Alcohol dependence, uncomplicated.

Blood Alcohol Level

- Y90, Evidence of alcohol involvement determined by blood alcohol level,
- F10, Alcohol related disorders
- The blood alcohol level does not need to be documented by the patient's provider in order for it to be coded.

d. Dementia

- The ICD-10-CM classifies dementia (categories F01, F02, and F03) on the basis of the etiology and severity (unspecified, mild, moderate or severe).
- Selection of the appropriate severity level requires the provider's clinical judgment and codes should be assigned only on the basis of provider documentation.
- If the documentation does not provide information about the severity of the dementia, assign the appropriate code for unspecified severity.
- If a patient is admitted to an inpatient acute care hospital or other inpatient facility setting with dementia at one severity level and it progresses to a higher severity level, assign one code for the highest severity level reported during the stay.

- **c. Factitious Disorder**

- F68.1-, Factitious disorder imposed on self
- F68.A, Factitious disorder imposed on another,
- For the victim of a patient suffering from MSBP - assign 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.