

Module: Chapter 1 - Certain Infectious and Parasitic Diseases (ICD-10-CM Guidelines)

Section 1: Introduction to Chapter 1

Overview of Chapter 1:

- Chapter 1 (ICD-10-CM Codes: A00-B99) covers a variety of infectious and parasitic diseases.
- These conditions are caused by bacteria, viruses, fungi, parasites, or other microorganisms.
- In home healthcare, accurate coding for these conditions ensures proper documentation, billing, and compliance.

Common Conditions in Home Healthcare Settings:

- **Sepsis:** Often seen in elderly or immunocompromised patients.
- **HIV/AIDS:** Patients receiving long-term management and care.
- **Tuberculosis:** Requiring ongoing medication and monitoring.
- **Parasitic Infestations:** Including conditions like scabies or amoebiasis.

Learning Objectives:

- Recognize and assign appropriate codes for Chapter 1 diseases.
 - Apply ICD-10-CM guidelines for accurate and compliant coding.
 - Address common documentation challenges.
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Section 2: Chapter 1 Guidelines Breakdown

Code Assignment Rules:

- Codes are organized hierarchically into blocks for specific conditions, e.g.:
 - **A00-A09:** Intestinal infectious diseases.
 - **A15-A19:** Tuberculosis.
 - **A30-A49:** Other bacterial diseases.
- Follow inclusion notes and exclusions listed under each category.

Combination Codes:

- Use combination codes when available, e.g., **A41.02** (Sepsis due to MRSA).
- Avoid using separate codes for conditions when a combination code exists.

Manifestation Guidelines:

- Code both the infection and any resulting manifestation.
 - Example: **A41.9** (Sepsis) with **J96.00** (Acute respiratory failure).

"Use Additional Code" Notes:

- Some codes require additional codes to fully describe the condition:
 - For drug resistance: **Z16.11** (Resistance to penicillin).
 - For external causes: **W57.XXXA** (Insect bite).
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Section 3: Chapter specific guidelines

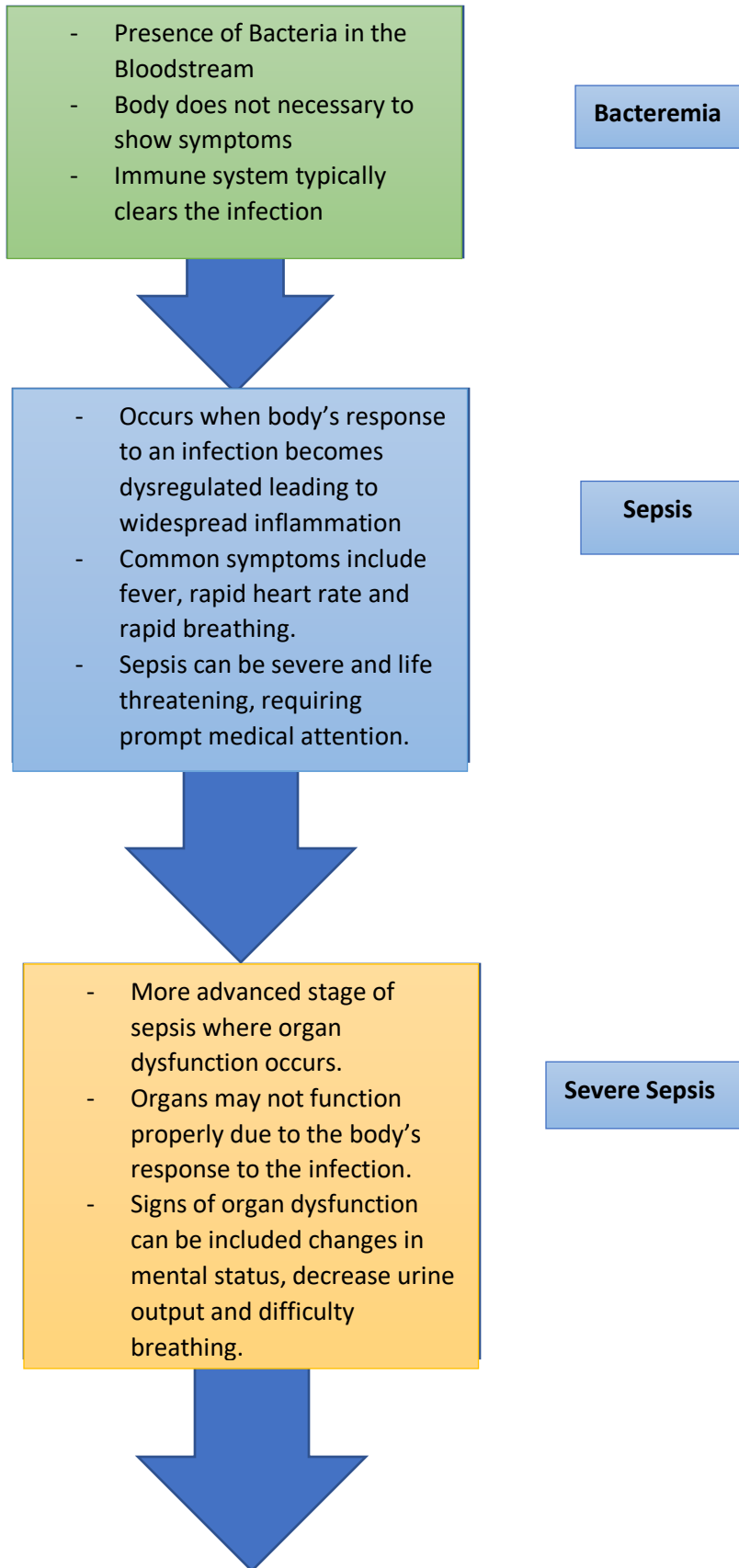
A) Human Immunodeficiency Virus (HIV) Infections

- 1) Code only confirmed cases
- 2) If patient admitted for HIV related condition the principal diagnosis should be B20 followed by additional diagnosis code for HIV related diagnosis.
Exception to this guideline is, if a reason for admission is hemolytic-uremic syndrome associated with HIV disease, assign code D59.31, Infection associated hemolytic-uremic syndrome, followed by Code B20, HIV Disease.
- 3) If patient is admitted for unrelated condition, then the code for unrelated condition would be the PDX followed by HIV Code.

Z21	B20
Asymptomatic HIV	Symptomatic HIV
Patient known to be infected with HIV but doesn't have any symptoms or related illness.	Patient has symptomatic HIV or has developed conditions or illness directly associated with HIV infection.
"HIV Positive", "Known HIV", "HIV Test positive"	"AIDS", "HIV Disease"

- 4) Once a patient has developed HIV- Related illness the patient should always be assigned code B20
- 5) During pregnancy, childbirth or the Puerperium, patient admitted because of HIV- related illness then Code O98.7 (HIV disease complicating pregnancy, childbirth & the Puerperium) followed by B20
- 6) Patient with asymptomatic HIV infection status admitted during pregnancy, childbirth or the Puerperium: O98.7 and Z21

B) Sepsis, severe sepsis and Septic shock



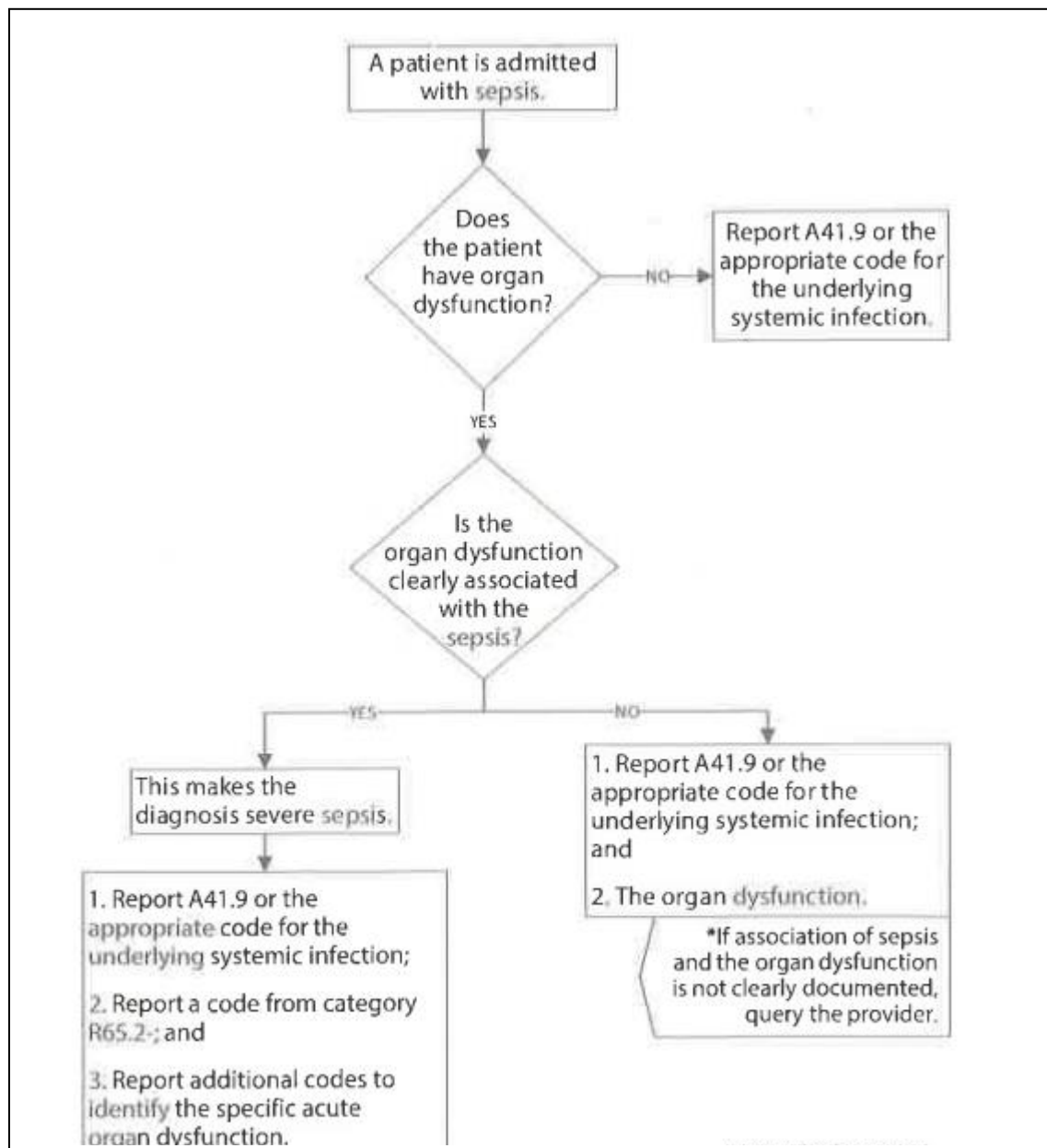
- Most severe stage of sepsis
- Septic shock is characterized by profound Circulatory, Cellular and Metabolic abnormalities leading to a significant drop in blood pressure.
- This can result in multiple organ failure and is a medical emergency requiring immediate intervention.

Septic Shock

In summary, Bacteremia is the presence of a bacteria in the bloodstream, sepsis is the body's systemic response to an infection, Severe sepsis involves organ dysfunction and Septic shock is a life-threatening condition with a severe drop in blood pressure.

Coding guidelines for Sepsis & Severe Sepsis:

- 1) If a combination code is available then go with it or else choose A41.9 with B-series organism code.
- 2) Severe sepsis (R65.2-) should not be assigned unless severe sepsis or an associated acute organ dysfunction is documented.
- 3) Diagnosis of sepsis should be confirmed. Do not code from inconclusive blood culture or negative.
- 4) Do not code sepsis for "Urosepsis" documentation.
- 5) Acute organ dysfunction should be associated with sepsis to code severe sepsis.
- 6) If patient is noted to have sepsis with any localized infection, then 1st check if sepsis is the reason for admission or not. If Sepsis is reason for admission, then it would be the PDX or else localized infection would be the PDX.
- 7) Sepsis due to postprocedural infection:
 - T81.41 to T81.43 (Infection following procedure) [**Site of infection**]
 - T81.44 (Sepsis following procedure) [**Sepsis**]
 - Use additional code to identify the **infection agent**.
 - If patient has **severe sepsis**, then use R65.2 series code
 - Additional code for **acute organ dysfunction**.
- 8) Sepsis following infusion, transfusion, therapeutic injection or immunization:
 - T80.2 infection following infusion, transfusion, therapeutic injection or T88.0 for infection following immunization
 - Sepsis, Severe sepsis & organ dysfunction



- 9) Postprocedural infection and postprocedural septic shock:
- T81.41 to T81.43 (Infection following procedure) [**Site of infection**]
 - T81.44 (Sepsis following procedure) [**Sepsis**]
 - Use additional code to identify the **infection agent**.
 - T81.12 Post procedural septic shock
 - Additional code for **acute organ dysfunction**.
- [Do not assign R65.21, Severe sepsis with septic shock]**

10) Sepsis and severe sepsis associated with noninfectious process such as burn or serious injury:

- If non infectious condition meets the definition for principal diagnosis, then the code for non infectious conditions should be sequence first
- Followed by the resulting infection like sepsis
- If severe sepsis is present, a code from subcategory R65.2- should be assigned with any associated organ dysfunction codes.
[Do not add code R65.1, SIR]
- If the infection meets the definition of principal diagnosis, it should be sequenced before the noninfectious condition.
- If both infection and non infectious condition meets the definition of principal diagnosis, either may be assigned as PDX.

11) 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. Codes for systemic infection and other conditions such as severe sepsis should be assigned as secondary diagnoses.

C) Coronavirus Infections:

1) Code only confirmed cases:

- Assign code U07.1 for confirmed diagnosis of covid 19.
- Confirmation does not require documentation of positive test result for Covid -19, the provider's documentation that the individual has Covid -19 is sufficient.
- If the provider documents "suspected", "possible", "probable", or "inconclusive" Covid-19, Do not assign Code U07.1, instead code the sign and symptoms reported.

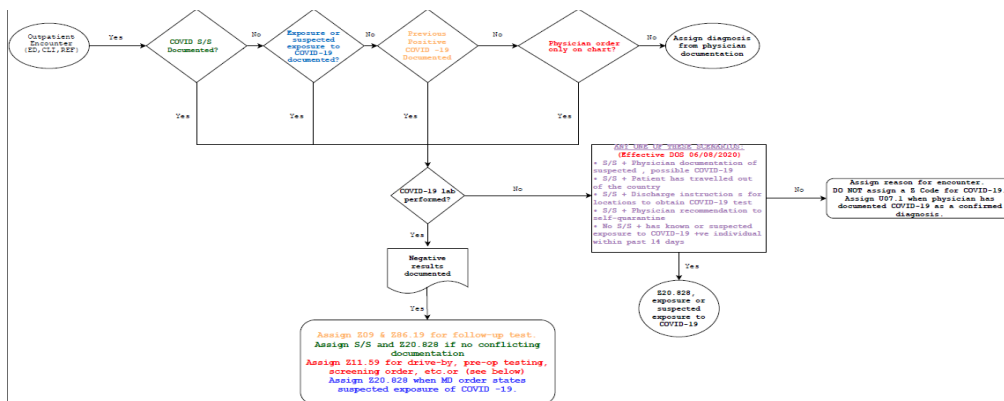
2) Sequencing of codes:

- When Covid-19 meets the definition of principal diagnosis, U07.1 should be sequence first, followed by appropriate associated manifestation code. Except when another

guideline requires certain codes be sequence first such as obstetrics, sepsis or transplant complications.

3) Acute respiratory manifestation of covid -19:

- When the reason for the admission is respiratory manifestation of Covid-19, assign code U07.1 as a PDX and assign code for the respiratory manifestation as additional diagnosis.
- The following conditions are examples of common respiratory manifestations of covid-19:
 - a) **Pneumonia:** If confirm that pneumonia is due to Covid then Code U07.1 and J12.82, Pneumonia due to covid-19
 - b) **Acute bronchitis:** If confirm that acute bronchitis is due to Covid then code U07.1 and J20.8, Acute Bronchitis, due to other specified organism. Bronchitis not specified (NOS) if confirmed due to covid then code U07.1 and J40
 - c) **Lower respiratory infection:** U07.1 and J22, unspecified acute lower respiratory infection
 - d) **Acute respiratory distress syndrome:** U07.1 and J80, Acute respiratory distress syndrome.
 - e) **Acute respiratory failure:** U07.1 and J96.0- Acute respiratory failure.



Section 4: Interactive Learning Activities

Case Studies:

1. *Case 1: Sepsis with MRSA*
 - A 70-year-old patient diagnosed with sepsis caused by MRSA with acute kidney failure.
 - Correct coding:
 - **A41.02** (Sepsis due to MRSA).
 - **N17.9** (Acute kidney failure).
2. *Case 2: HIV with Pneumocystis Pneumonia*
 - A patient with confirmed HIV develops Pneumocystis pneumonia.
 - Correct coding:
 - **B20** (HIV disease).
 - **B59** (Pneumocystis pneumonia).

Quiz Questions:

1. *What code is assigned for amoebic dysentery caused by Entamoeba histolytica?*
 - A. A01.1
 - B. A06.0
 - C. A09
 - **Answer: B. A06.0**
2. *Which code is used for a patient diagnosed with asymptomatic HIV?*
 - A. B20
 - B. Z21
 - C. R75
 - **Answer: B. Z21**

Interactive Decision Tree:

- *Scenario:* A patient presents with fever and a confirmed diagnosis of malaria. What steps should be followed?
 - Confirm the type of malaria (e.g., **Plasmodium vivax**).
 - Assign the appropriate code from **B50-B54**.

Section 5: Special Focus Areas

HIV/AIDS Coding:

- **B20:** Use for patients with a confirmed diagnosis of HIV and associated conditions.
- **Z21:** Use for asymptomatic HIV status (not AIDS).

- Never assign **B20** and **Z21** together.

Sepsis Coding:

- **A41.9**: Use for unspecified sepsis.
- Always code the underlying infection when known.
- For severe sepsis, use additional codes for organ dysfunction (e.g., **R65.20**).

Drug-Resistant Infections:

- When resistance is documented, use codes from **Z16** to specify the drug resistance.
 - Example: **Z16.21** for resistance to vancomycin.
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Section 6: Documentation Best Practices

Provider Documentation Requirements:

- Specify the organism causing the infection (if known).
- Document any associated manifestations or complications.
- Clearly state whether the infection is new, ongoing, or resolved.

Query Templates:

- Example: *"Can you clarify if the patient's respiratory failure is due to the diagnosed sepsis?"*
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Section 7: Practical Coding Exercises

Exercise 1:

- A patient is diagnosed with intestinal infection due to Salmonella and presents with dehydration.
 - Correct codes:
 - **A02.0** (Salmonella enteritis).
 - **E86.0** (Dehydration).

Exercise 2:

- A patient has drug-resistant tuberculosis confirmed by culture and sensitivity.
 - Correct codes:
 - **A15.0** (TB of lungs).
 - **Z16.31** (Resistance to multiple antibiotics).

Section 8: Assessment

Final Test:

1. *A patient has Clostridium difficile colitis. Assign the appropriate code.*
 - **Answer:** A04.7
2. *A patient is treated for malaria caused by Plasmodium falciparum with cerebral complications. Assign the codes.*
 - **Answer:** B50.0