General ICD-10 Coding Guidelines

This section discusses the general rules that are found in Section I.B of the ICD-10-CM guidelines.

When assigning ICD-10-CM codes, always consult both the Alphabetic Index and the Tabular List. The Index does not contain all of the information needed for the final code selection. In particular, you need to check the Tabular List for laterality (specific codes for right and left sides), for 7th characters, and for instructional notes.

When the Index shows a dash following a code number, this means the code requires additional characters, which are found in the Tabular List. However, the ICD-10 guidelines state that you should consult the Tabular List even if there is no dash, because of the other information it contains.

Be sure to assign all of the characters required for the code. For example, a 3-digit code number should not be assigned if it is further subdivided.

An ICD-10-CM code can be assigned only once per encounter, even if the patient has two conditions that are both assigned to the same code.

Signs and Symptoms
The ICD-10 guidelines state that the patient’s symptoms or signs can be coded when the physician has not confirmed a definitive diagnosis that is related to the symptoms or signs. Many of the codes for symptoms and signs are found in Chapter 18 (the “R” codes), but there are others located in other chapters. You should not code signs and symptoms that are “associated routinely” with a disease (such as a cough in a patient with pneumonia) unless the ICD-10 manual tells you otherwise. However, you should code other signs and symptoms that “may not be associated routinely with a disease process.”

Multiple Coding for a Single Condition
In addition to the code pairs for the underlying disease and the manifestation, which were discussed in the previous section, there are other conditions that require multiple codes. The Tabular List flags these conditions with the following types of notes:
Musculoskeletal System & Connective Tissue

Musculoskeletal conditions are classified to Chapter 13 of ICD-10-CM (Diseases of the Musculoskeletal System and Connective Tissue). The ICD-10-CM musculoskeletal guidelines (Section I.C.13) provide the following general instructions:

- When a musculoskeletal condition involves multiple sites, the “multiple sites” code should be assigned if there is one. Otherwise, multiple codes should be assigned to indicate the sites.

- Certain conditions like avascular necrosis or osteoporosis may affect either the upper or the lower end of a bone. If the portion of the bone that is affected is at the joint (for example, the upper tibia at the knee), the condition will still be coded to the bone, not the joint.

- Musculoskeletal conditions caused by a healed injury, as well as recurrent musculoskeletal conditions, are usually classified in Chapter 13. However, current acute injuries should be reported with injury codes from Chapter 19.

### Coding Tips

**Musculoskeletal Conditions**

- Assign a polyosteoarthritis code (M15) if the patient has OA of multiple joints (except same joint bilaterally).
- Code spinal conditions as “with myelopathy” if the physician documents myelopathy or cord compression.
- Code spinal conditions as “with radiculopathy” if the physician documents radiculopathy or radicular pain.

### Osteoarthritis

Arthritis is inflammation of a joint, and according to the Arthritis Foundation, there are over 100 different types. The most common is osteoarthritis (OA), which destroys the joint cartilage, leading to pain, stiffness, and reduced range of motion. Osteoarthritis most often affects the knees and hips as well as the joints of the hands (including the first carpometacarpal joint at the base of the thumb) and the feet. It can also affect the joints of the spine, and spinal arthritis will be discussed later in this section. Like ICD-9-CM, ICD-10-CM treats “degenerative joint disease” (DJD) as a synonym for OA.

Osteoarthritis can be classified as either primary or secondary. Primary OA is age-related, while secondary OA is caused by a predisposing condition such as trauma, hip dysplasia, or a genetic disorder.
Factors Influencing Health Status

Chapter 21 of ICD-10-CM (Factors Influencing Health Status and Contact with Health Services) contains codes beginning with the letter “Z.” Some of the Chapter 21 codes were discussed in previous sections of this Navigator®, including the codes used for personal history of cancer, body mass index, and weeks of gestation. To locate information about a specific type of Z code, see the index at the end of this volume.

Z Codes
- Used to describe a specific purpose for receiving healthcare services, or a circumstance that affects the patient’s health status but is not a current illness or injury.
- Most Z codes can be either primary or secondary diagnoses.
- Key Index terms include Examination, History, Fitting, Status, Screening, etc.

Purpose of Z Codes
The Tabular List states that Z codes are used in two situations:

a) When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination (immunization), or to discuss a problem which is in itself not a disease or injury.

b) When some circumstance or problem is present which influences the person’s health status but is not in itself a current illness or injury.

Types of Z Codes
The ICD-10-CM guidelines (Section I.C.21.c) classify the Z codes into 15 different groups and provide a complete list of the codes in each group. Each group is briefly described below, along with an example of one of the codes it includes. Some common Z codes are discussed in more detail later in this section.

Contact/Exposure
Patients with no signs or symptoms who are suspected to have been exposed to a disease such as tuberculosis or HIV, or a toxin such as environmental tobacco smoke. These codes can be either primary or secondary diagnoses.

Example: Z77.120 - Contact with and (suspected) exposure to mold (toxic)
Question 1
Assign the code(s) for a patient with left ventricular failure and hypertension.

I11.0  Hypertensive heart disease with heart failure
I50.1  Left ventricular failure

The ICD-10-CM guidelines indicate that hypertension and heart failure should be coded as related unless the record clearly states they are not related. The hypertensive heart disease code is listed first, followed by the code for the left ventricular failure.

Question 2
Assign the code(s) for a patient with hypertensive urgency and essential hypertension.

I16.0  Hypertensive urgency
I10   Essential (primary) hypertension

The Index entry for “Hypertension, urgency” directs you to I16.0. A note in the Tabular List states to “Code also any identified hypertensive disease,” which in this case is essential hypertension (I10). Either code may be sequenced first depending on the circumstances.

Question 3
A patient has diagnoses of stage 4 chronic kidney disease (CKD) and hypertension. Assign the code(s) for this condition.

I12.9  Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
N18.4  Chronic kidney disease, stage 4 (severe)

The ICD-10-CM guidelines tell you to assign a code for hypertensive kidney disease whenever a patient has both hypertension and CKD. In the Index, “Hypertension, kidney, with, stage 1 through stage 4 chronic kidney disease” refers you to code I12.9. A note under code I12.9 in the Tabular List tells you to assign an additional code to identify the stage of CKD.

Question 4
Assign the code(s) for secondary hypertension due to renal artery stenosis.

I15.0  Renovascular hypertension
I70.1  Atherosclerosis of renal artery

In the Index, “Hypertension, secondary, due to, renovascular disorders” refers you to code I15.0. A note under I15.0 in the Tabular List tells you to “Code also underlying condition.” The Index entry for “Stenosis, artery, renal” refers you to code I70.1. A “Code also” note means that you can sequence either condition first, depending on the circumstances of the encounter.