PART TWO

INTRODUCTION
TO ICD-9-CM

Chapter 3

ICD-9-CM Official
Guidelines
(Section I):
General Rules
LEARNING OUTCOMES

After studying this chapter, you should be able to:

1. **Understand** the **content** and **source** of ICD–9–CM | “General Coding Guidelines.”
2. Describe how the **correct coding process** uses both the **Alphabetic Index** and the **Tabular List** to assign codes.
3. **Apply** the **coding guidelines** on the level of detail.
4. **Explain** the **coding of conditions** that are an **integral** part of the disease process.
5. **Explain** the **coding conditions** that are **not an integral** part of the disease process.
6. Differentiate **coding guidelines** for multiple and combination codes.

7. **Understand** the guidelines for **coding acute** and **chronic conditions**.

8. **Explain** the rules governing the coding of the **late effects** of previous diseases and conditions.

9. **Understand** the coding implications of **diagnostic terms** stated as *impending or threatened*.

10. **Briefly discuss** the content of the **chapter-specific coding guidelines**.
KEY TERMS

- Acute
- Causal condition
- Chapter-specific guidelines
- Chronic
- Code first notes
- Combination code
- Impending
- Integral
- Late effect
- Mandatory multiple coding
- Neoplasm Table
- Residual condition
- Sign
- Specificity
- Symptom
- Threatened
“General Coding Guidelines”: Inpatient and Outpatient

- Apply to all settings and all providers of healthcare
- Apply for coding inpatient & outpatient setting
- Appear in the Coding Clinic® for ICD–9–CM (published by AHA)
- Appear in the official government version of ICD–9–CM
- General Coding Guidelines/Figure 3.1/Page 102
To prevent errors, coders must use both the **Alphabetic Index** and the **Tabular List** when locating and assigning codes, and **must not** rely solely on only one volume.

**Example:**
- Using **Alpha Index** only to code the condition of **abdominal pain**, the code is **789.0** & **incorrect**.
- The **Tabular list** indicate that a **fifth digit** is required to identify the specific location of pain (789.00).
Level of Detail in Coding

Point 3, 4 & 5/Guidelines/Figure 3.1/Page 102

- Points 3, 4, & 5 explains how to assign the most specific code.
  - The primary rule states that both **diagnosis** and **procedure** codes should be coded to the highest level of specificity.

- **ICD–9–CM Diagnosis Codes**
  - Composed of either **three**, **four**, or **five digits**, with **three digits** always before the decimal point.

- The **fourth** and **fifth** digit provide additional specificity regarding the **type of disease**, the **cause of the disease**, or the **site of disease**.

- Primary rule states that both **diagnosis** and **procedure** codes are to include the **highest number digits available** for the **highest level of specificity**.
ICD–9–CM Procedure Codes (Volume 3)

Have either three or four digits.

- Two-digits category codes serve as the heading;

- The category is subdivided into three-digit or four digit codes to provide greater detail.
Diagnosis is the physician’s opinion of the patient’s specific illness(es), sign(s), symptom(s), and complaint(s).

A diagnosis is not always readily established for a patient’s condition.
- A series of workups, tests, and examinations during follow-up visits are required before the physician determines a diagnosis.
- During this process, Signs & Symptoms are reported for reimbursement of service fees, instead of uncertain diagnosis.
A **Sign** is an **objective** indication that can be evaluated by the **physician**, such as **weight loss**.

A **Symptom** is a **subjective** statement (**also the chief complaint**) by the **patient** that **cannot** be confirmed during an examination, **such as pain**.
Chief Complaint (CC)
- Usually a Symptom & the reason patient seeks medical services
- Code **Symptom(s)** if **Diagnosis is not documented**

Primary Diagnosis
- Reason for medical services
- Determined by physician
Secondary Diagnosis

- **Coexisting/Secondary Conditions** - additional diagnosis that occurs at the same time as the primary diagnosis and that affects its treatment.
  - May contribute to the condition, treatment, or recovery from the condition listed as the **Primary Diagnosis**
  - May define the need for a higher level of care, but not the “underlying cause”
Example

Diagnostic Statement: Middle-aged male presents with abdominal pain and weight loss. He had to return home from vacation due to acute illness. He has not been eating well because of vague upper abdominal pain. He denies nausea, vomiting. He denies changes in bowel habit or blood in stool. Physical examination revealed no abdominal tenderness.

PRIMARY DIAGNOSIS: 789.06, abdominal pain, epigastric region.
COEXISTING CONDITION: 783.2, Abnormal loss of weight.
Performance Exercise - Coding Decisions for: Signs, Symptoms

Point 6, 7 & 8/Guidelines/Figure 3.1/Page 102

Secondary Diagnosis – cont.

Example: A patient is being treated in Dr John Doe’s Office today for Lung Cancer. After the Medical assist takes the patient’s vital signs, it was determined that his blood pressure had escalated.

What is the primary diagnoses?

Answer: Lung Cancer

What is the Coexisting/Secondary Condition?

Answer: Hypertension
Performance Exercise - Coding Decisions for: Signs, Symptoms

*Point 6, 7 & 8/Guidelines/Figure 3.1/Page 102*

- **Codes** that describe **signs & symptoms** as opposed to **diagnoses**, are acceptable for reporting purposes when a related **definitive diagnosis** has not been established by the provider.

- Signs, Symptoms & Ill–Defined Conditions are in Chapter 16 *(780.0–799.99)* of the ICD–9.

  **EXAMPLE:**
  - **Signs** – fever, tachycardia, and seizure
  - **Symptom** – abdominal pain, headache, & chest pain
Conditions that **are** Integral Part of a Disease Process

- **CG Point 7** covers conditions that are an integral part of a disease process.
- **Integral** – is a symptom that is part of the process of an underlying disease.

**Example:**

Objective and measurable signs of a patient with pneumonia might have the **signs** (objective) of fever, cough and the **symptom** (subjective) of difficulty breathing.

The guideline states that the **Coder** would code **only** pneumonia, *since signs or symptoms are integral to pneumonia.*
Coding Decisions for: Integral Conditions / *CG Point 8*

- Conditions that **are not** Integral Part of a Disease Process
  - CG Point 8 states that “*additional signs and symptoms that may not be associated routinely with a disease process should be* coded when present”.

**Example #1:**
A patient may have **cirrhosis of the liver** and the symptom of **ascites**. Since **ascites** is **not** routinely associated with **cirrhosis**, it would be reported in addition to the code for cirrhosis.

**Example #2:**
If a patient suffering from a **stroke** goes into a **coma**, the **coma code would be reported in addition to the code for stroke**.
A coder determines whether a sign or symptom is integral to the disease process by:

- Study the disease and Pathophysiology
- Online coding resources
- Refer to the AHA Coding Clinic Guidelines

**CASE STUDY**

**Hematuria** (blood in the urine) is integral to a renal or ureteral calculus. If a patient has a renal calculus, hematuria (599.7) would be expected.

**Hydronephrosis** (fluid collection in the kidney) is not integral to a renal calculus (592.0). The condition (591) should be reported separately.
FIGURE 3.2
Signs and Symptoms Code Assignment Flow Chart

Step 1
Determine the patient’s signs and symptoms.

Step 2
Determine the medical condition of the patient.

Step 3
Are the signs and symptoms integral to the medical condition?

Yes
Do not code the sign/symptom separately.

No
Assign a separate code for the sign/symptom.

Step 4
Verify all codes.
Performance Exercise

- Antral gastritis, with hemorrhage and abdominal pain
  - 535.41
- Closed fracture of the wrist with wrist pain
  - 814.00
- Acute pancreatitis with abdominal ascites
  - 577.0, 789.59
Performance Exercise

- Acute asthma exacerbation with hypoxia
  - 493.92, 799.02

- Urinary tract infection with dysuria
  - 599.0
Point 9 of the General Coding Guidelines referred to as *mandatory multiple coding*, indicates when two codes may be required to report a condition.

**Code First Note**

- used when there is an underlying condition
- When a code first note & an underlying condition are both present, the underlying condition code should be sequenced first
When **two or more separate codes** are needed to completely describe a diagnosis.

Look for terms like, **“code also, use additional code”** in the code you are choosing.
Multiple Coding for a Single Condition

CG Point 9

Code Sequencing

- Codes must be selected & recorded accurately

- Codes must be linked to the proper service and procedure and listed in the correct order

- Codes are sequenced in order so that the Patient’s Care can be understood
Performance Exercise/Code First Notes

The "underlying disease" is always the primary diagnosis. Directs the coder to another code to be used as the Primary.

713.1 Arthropathy associated with gastrointestinal conditions other than infections
Code first underlying disease as:
- regional enteritis (555.0–555.9)
- ulcerative colitis (556)
Performance Exercise/
Use Additional Code Note

Provides the Coder with suggestions for the use of additional codes that may give a more complete picture of the diagnosis.

**Use Additional Code**

5 250.8 Diabetes with other specified manifestations
Diabetic hypoglycemia
Hypoglycemic shock

Use additional code to identify manifestation, as:
any associated ulceration (707.10–707.9)
diabetic bone changes (731.8)

Use additional E code to identify cause, if drug-induced

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Performance Exercise

- Acute cystitis due to proteus mirabilis infection
  595.0, 041.6

- Diverticulities of the sigmoid with peritonitis
  562.11, 567.9

- Benign prostate hypertrophy with urinary obstruction and urinary frequency
  600.01, 788.41
Performance Exercise

- Vaginal wall prolapse with stress urinary incontinence

- Systemic inflammatory Response (SIRS) with septic shock due to E. coli septicemia

618.00, 625.6

995.9, 038.42
Acute & Chronic Conditions / CG Point 10

- **Acute** means Changed or Stable
  - Usually refers to as a condition that runs a **short**, but **severe** course

- **Chronic** means conditions **persisting** over a long period of time/ **recurrent**.
  - When the terms “**acute**” or “**chronic**” are listed in the **diagnostic statement** – “always search for these terms in the “**code description**”.”
If the same condition is described as both acute (subacute) and chronic, and separate sub-entries exist in the Alphabetic Index at the same indentation level, code both and sequence the acute (subacute) code first.

**Example #1:**

Pancreatitis 577.0

- **acute** (edematous) (hemorrhagic) (recurrent) 577.0
- annular 577.0
- apoplectic 577.0
- calcereous 577.0
- **chronic** (infectious) 577.1
  - recurrent 577.1
Example #2:

Cholelithiasis (impacted) (multiple) 574.2

Note – Use the following fifth-digit sub-classification with category 574:

0 without mention of obstruction
1 with obstruction

with

cholecystitis 574.1
acute 574.0
chronic 574.1
FIGURE 3.3
Acute and Chronic Conditions Code Assignment Flow Chart

Step 1
Is the condition documented as both acute and chronic?

Step 2
Reference the main term in the Alphabetic Index.

Step 3
Are the subterms acute and chronic listed at the same indentation level?

Step 4
Assign both codes, sequencing the acute code first.

Step 5
Verify both codes in the Tabular List.

Follow standard coding process.

Follow standard coding process.
Combination Code is a single code that classifies:

✓ Two diagnoses
✓ A diagnosis with an associated manifestation
✓ A diagnosis with an association complication
Combination Codes

- Occurs when the **cause** & **symptoms** are both present

- Look for combination terms like:
  - due to
  - with
  - during
  - following
  - without
  - in
**Combination Codes**

*With* – Use to indicate that there are two conditions mentioned, and must be present in the diagnostic statement.

1) The **first condition** represents the *primary disorder* and

2) The **second condition** represents a *complication*.

Codes in [Bracketed] *italics* are always secondary.
Performance Exercise

- Acute and chronic cystitis
  - ICD-10: 595.0, 595.2

- Acute and Chronic cholecystitis
  - ICD-10: 575.12

- Acute appendicitis with perforation
  - ICD-10: 540.0
Performance Exercise

- Postoperative hematoma
  - 998.12

- Chronic bronchitis due to tobacco smoking
  - 491.0
A **late effect** is the residual effect after the acute phase of an illness or injury has been terminated.

- Coding a **late effect** usually requires two codes sequenced as:
  1. The **code**, or **condition**, or nature of the **late effect** is sequenced **first**,  
  2. followed by the **code** for the **late effect**

- Look for terms like “**late, old, due to** or following **previous injury** or **illness**” in the **alphabetic index**.
Late Effects

- Don’t assign current injury or illness code.
- Look under “late” in Volume 2 and find subterm that applies

- Requires 2 Codes
  1. Residual condition or nature of late effect
  2. Cause of the late effect
Late Effects Exceptions

- When no residual condition listed, **late effect** code used alone.

- If no **late effect** code available
  - code only the residual condition

- **EXAMPLE**: Diagnostic Statement may state: **“due to old surgery”**
  - code as **history of**, or **complications of** previous surgery
Patient develops infection in wound on hand you sutured three days ago

- **906.1**

- Late effects of unspecified accident

- **E929.9**

- Late effects of radiation

- **909.2**
Painful scar due to old burn injury, left leg

**Scar** - 709.2, 906.7

Leg Paralysis due to previous poliomyelitis

**Paralysis** – 344.30, 138

Neurogenic dysphagia due to old cerebrovascular accident.

**Dysphagia** – 438.82, 787.29
Hydrocephalus due to previous encephalitis

Malunion of the tibia due to old fracture
Impending or Threatened Condition
CG Point 13

- **Impending** – medical condition that is considered as threatened at the time of discharge.

- Code any condition documented at the time of discharge as “impending” or “threatened” as follows:
  - If it did occur, code as confirmed diagnosis.
  - If it did not occur, reference the Alphabetic Index to determine if the condition has a sub-term for “impending” and for “threatened” and also reference main term entries for “impending” and for “threatened.”
  - If the subterms are listed, assign the given code.
  - If the subterms are not listed, code the existing underlying condition(s), and not the condition described as impending or threatened.
Impeding or Threatened Condition – (cont’d)

Example:

Impending

- cerebrovascular accident or attack 435.9
- coronary syndrome 411.1
- delirium tremens 291.0
- myocardial infarction 411.1
Impending or Threatened Condition
(cont’d)

Example: (this example illustrates how to code impending gangrene due to decubitus ulcer of the lower back)

Gangrene, gangrenous (anemia) (cellulitis) (dermatitis) (Dry) (infective) (moist) (pemphigus) (septic) (skin) (statis)(ucler)

hernia – see Hernia, by site with gangrene
hospital noma 528.1
intestine, intestinal (acute) (hemorrhagic) (massive) 557.0
with
hernia – see Hernia, by site with gangrene
mesentric embolism or infarction 557.0
laryngitis 464.00

There is no subterm for impending in the Alphabetic Index. Therefore, the code for gangrene would not be assigned, and the decubitus ulcer would be coded as document (707.03).
### PERFORMANCE EXERCISE

**Impending or Threatened**

- Threatened abortion
  - ICD-10 Code: 640.03
- Impending delirium tremens
  - ICD-10 Code: 291.0
- Impending gangrene of the heel due to decubitus ulcer
  - ICD-10 Code: 707.07
PERFORMANCE EXERCISE

Impending or Threatened

- Impending respiratory failure due to COPD exacerbation

\[491.21\]

- Impending myocardial infarction

\[411.1\]
Infections and Parasitic Diseases/Chapter 1
- Codes 001–139
  - Most categories describe conditions and the type of organisms that cause them

Neoplasms/Chapter 2
- Codes 140–239
  - Called tumors, neoplasms are growths that arise from normal tissue
  - Neoplasms Table – first columns list the anatomical location, the next six columns relate to the behavior of the neoplasm

M Codes
- M Code is made up of the letter “M” followed by four digits, a slash, and a final digit.
  - Listed in Appendix A of the ICD–9–CM
  - Used by pathologists and cancer registry departments of hospitals to report on and study the prevalence of various types of neoplasms.
  - Not used in physician offices.
The M codes are related to the Neoplasm Table and the Tabular List as follows:

<table>
<thead>
<tr>
<th>M Code</th>
<th>Neoplasm Table</th>
<th>Tabular List</th>
</tr>
</thead>
<tbody>
<tr>
<td>/0</td>
<td>Benign neoplasm</td>
<td>210–229</td>
</tr>
<tr>
<td>/1</td>
<td>Neoplasm of unspecified nature</td>
<td>239</td>
</tr>
<tr>
<td></td>
<td>Neoplasm of uncertain behavior</td>
<td>235–238</td>
</tr>
<tr>
<td>/2</td>
<td>Carcinoma in situ</td>
<td>230–234</td>
</tr>
<tr>
<td>/3</td>
<td>Malignant neoplasm, stated or presumed to be primary</td>
<td>140–195</td>
</tr>
<tr>
<td></td>
<td></td>
<td>200–208</td>
</tr>
<tr>
<td>/6</td>
<td>Malignant neoplasm, stated or presumed to be secondary</td>
<td>196–198</td>
</tr>
</tbody>
</table>
### Chapter-Specific Coding Guidelines

The M codes are related to the Neoplasm Table and the Tabular List as follows:

<table>
<thead>
<tr>
<th>M Code</th>
<th>Neoplasm Table</th>
<th>Tabular List</th>
</tr>
</thead>
<tbody>
<tr>
<td>/0</td>
<td>Benign</td>
<td>210–229</td>
</tr>
<tr>
<td>/1</td>
<td>Uncertain whether benign or malignant/borderline malignant</td>
<td></td>
</tr>
<tr>
<td>/2</td>
<td>Carcinoma in situ: intraepithelial, noninfiltrating, or noninvasive</td>
<td></td>
</tr>
<tr>
<td>/3</td>
<td>Malignant, primary site</td>
<td>230–234</td>
</tr>
<tr>
<td>/6</td>
<td>Malignant, metastatic site, secondary site</td>
<td></td>
</tr>
</tbody>
</table>

#### M Codes Example

<table>
<thead>
<tr>
<th>M CODE</th>
<th>Neoplasm Table</th>
<th>Equivalent to Diagnosis Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>M8381/0</td>
<td>Benign</td>
<td>220</td>
</tr>
<tr>
<td>M8381/1</td>
<td>Borderline malignant</td>
<td>236.2</td>
</tr>
<tr>
<td>M8381/3</td>
<td>Malignant</td>
<td>183.0</td>
</tr>
</tbody>
</table>
Identifying Neoplasms
Primary/Secondary

- **What is it now?**
  - Primary/Secondary
  - Benign/Malignant

- **Where did it start?**
  - Location
    - (i.e. Primary [stomach])

- **What happened to it?**
  - Did it Metastasize?
    - (i.e. Metastasized to [Lungs])
Metastasized/Neoplasm

- If the secondary site is the main reason for treatment, the primary site is listed as coexisting condition, if it is still being treated.

- If the primary site is not documented, the code 199.1 (malignant neoplasm, unspecified site [primary] [secondary]), should be used.

- If the neoplasm is removed or in remission and not being treated, a “V” code (for personal history of malignant neoplasm) is used.
Metastasized/Neoplasm

**Metastasis/Summary**

Secondary Malignancy

- TO = **Secondary** site
- FROM = **Primary** site

- Treatment directed to the **secondary/metastatic** site should be designated as the **principal diagnosis**;

- followed by the **primary** site as a **coexisting condition** or use code 199.1 (unspecified site) if the primary site is not specified.

- Use a “\(V\)” code either the primary/secondary site is no longer treated.
Performance Exercise

Neoplasm

- Secondary malignant neoplasm of lung
  - 197.0

- Metastatic malignant melanoma from left lateral chest wall to axillary lymph node
  - 196.3/195.1

- Carcinoma, rectosigmoid junction and prostate
  - 154.0/185
Chapter–Specific Coding Guidelines

Endocrine, Nutritional, and Metabolic Disease and Immunity Disorders/Chapter 3
- Codes 240–279
  - The most common disease in this chapter is diabetes mellitus, which is a progressive disease of either type I or type II.

Diseases of the Blood and Blood Forming Organs/Chapter 4
- Codes 280–289
  - This chapter classify diseases of the blood and blood–forming organs, such as anemia and coagulation defects.

Mental Disorders/Chapter 5
- Codes 290–319
  - Classify the various types of mental disorders, including conditions of drug & alcohol dependency, Alzheimer’s disease, schizophrenic disorders, and mood disturbances.
  - Psychiatrists use the terminology found in the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association for diagnoses, but the code follows the ICD–9–CM.
Chapter–Specific Coding Guidelines

Diseases of the Nervous System and Sense Organs/Chapter 6
- Codes 320–389
  - Classify disease of the central nervous system, the peripheral nervous system, the eye, and the ear.

Diseases of the Circulatory System/Chapter 7
- Codes 390–459
  - Classify disease of the circulatory system such as myocardial infarctions
  - “Notes” and “code also” instructions must be accurately observed.

Diseases of the Respiratory System/Chapter 8
- Codes 460–519
  - Classify illness such as pneumonia.
  - Many codes for pneumonia include the condition and the cause in a combination code, such as 480.2, pneumonia due to parainfluenza virus.
Chapter-Specific Coding Guidelines

Diseases of the Digestive System / Chapter 9
- Codes 520–579
  - Classify disease of the digestive system.
  - Codes are listed according to anatomical location, beginning with the oral cavity & continuing through the intestines.

Diseases of the Genitourinary System/ Chapter 10
- Codes 580–629
  - Classify diseases of the male and female genitourinary (GU) system, such as infections of the genital tract, renal disease, etc.

Complications of Pregnancy, Childbirth, and the Puerperium/ Chapter 11
- Codes 630–677
  - Classify conditions that are involved with pregnancy, childbirth and the puerperium
  - Many categories require 5th digit based on when complications occur, such as before, during and after birth.
Diseases of the Skin and Subcutaneous Tissue/ Chapter 12
- Codes 680–709
  - Classify skin infections, inflammation, and other diseases.
  - The entire chapter or section may be subject to excludes or includes notes, based on note location.

**EXAMPLE:**
The first section in this chapter (680–686) begins with a note excluding certain skin infections that are classified in Chapter 1.

Diseases of the Musculoskeletal System and Connective Tissue/ Chapter 13
- Codes 710–739
  - Classify conditions of the bones and joints.

Congenital Anomalies/ Chapter 14
- Codes 740–759
  - Classify Anomalies, malformations, and diseases that exist at birth.
Chapter-Specific Coding Guidelines (cont’d)

Certain Conditions originating in the Perinatal Period / Chapter 15
- Codes 760–779
  › Classify conditions of the fetus or the newborn, up to twenty-eight days after birth.
  › Codes are assigned only to condition of the infant, not the mother.

Symptoms, Signs, and Ill-Defined Conditions/ Chapter 16
- Codes 780–799
  › Classify patients’ signs, symptoms, and ill-defined conditions when a definitive diagnoses cannot be made.
  › Codes are always used instead of coding, “rule-out, probable, or suspected conditions”.

Injury and Poisoning/ Chapter 17
- Codes 800–999
  › Classify injuries and wounds (fractures, dislocations, sprains, strains, internal injuries, and traumatic injuries), poisoning, & late effects of injuries and poisoning.
  › E codes are also used to identify the causes of injuries or poisoning.
  › Fractures are coded using 800–829
  › Burns are coded using 940–949
Classification of Factors Influencing Health Status and Contact with Health Service – SUPPLEMENTAL
- V01–V86
  ▸ This section covers the use of V Codes in specific situations

Supplemental Classification of External Causes of Injury and Poisoning
- E CODES – E800–E999
  ▸ This section covers the correct coding of E Codes
PERFORMANCE EXERCISE
Checkpoint 3.7

- The morphology code for malignant melanoma of the breast
  - M8720/3

- Myopathy in Addison’s Disease
  - 255.4, 359.5

- Arteriosclerotic Cardiovascular disease (ASCVD)
  - 429.2, 440.9
<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overdose of Librium in a suicide attempt at home.</td>
<td>969.4, E950.3, E849.0</td>
</tr>
<tr>
<td>Chronic alcoholism, in remission</td>
<td>303.93</td>
</tr>
<tr>
<td>Second degree burn of the left ankle, occurred at a bonfire at camp</td>
<td>945.23, E897, E849.4</td>
</tr>
</tbody>
</table>