Chapter 10

SYMPTOMS, SIGNS, AND ABNORMAL CLINICAL AND LABORATORY FINDINGS; INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES; AND EXTERNAL CAUSES OF MORBIDITY (R00-Y99)

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Introduction

- This chapter includes codes for symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions.
- Codes from this chapter are assigned when no diagnosis has been made that can be classified elsewhere.
- Many codes in this chapter are combination codes that include the diagnosis and the most common symptoms of that diagnosis.
- When a combination code is the appropriate code to report, a secondary code is not reported for the symptom.

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Introduction

- Chapter 18 of the Tabular List includes the following sections:
  - Symptoms and signs involving the circulatory and respiratory systems (R00-R09).
  - Symptoms and signs involving the digestive system and abdomen (R10-R19).
  - Symptoms and signs involving the skin and subcutaneous tissue (R20-R23).
  - Symptoms and signs involving the nervous and musculoskeletal systems (R25-R29).

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Introduction

- Symptoms and signs involving the genitourinary system (R30-R39).
- Symptoms and signs involving cognition, perception, emotional state, and behavior (R40-R46).
- Symptoms and signs involving speech and voice (R47-R49).
- General symptoms and signs (R50-R69).
- Abnormal findings on examination of blood, without diagnosis (R70-R79).

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Introduction

- Abnormal findings on examination of urine, without diagnosis (R80-R82):
  - Abnormal findings on examination of other body fluids, substances, and tissues, without diagnosis (R83-R89).
  - Abnormal findings on diagnostic imaging and in function studies, without diagnosis (R90-R94).
  - Abnormal tumor markers (R97).
  - Ill-defined and unknown cause of mortality (R99).

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Introduction

- Two rules apply to the use of symptom codes with confirmed diagnoses:
  - A symptom code should not be used with a confirmed diagnosis if the symptom is integral to the diagnosis.
  - A symptom code should be used with a confirmed diagnosis if the symptom is not always associated with that diagnosis, such as the use various signs and symptoms associated with complex syndromes.

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Introduction

- As terminology is important to this section, the following is a review of the most important terms:
  - Symptom: any subjective evidence of a disease, such as pain or a headache, observed by the patient.
  - Sign: objective evidence of disease, such as fever, that can be observed by someone other than the patient.
  - Syndrome: refers to a set of symptoms that occur together. For example, irritable bowel syndrome consists of many symptoms that usually occur together.

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General Coding Guidelines

- Signs and symptoms that point rather definitely to a given diagnosis are assigned to some category within the ICD-10-CM classification.
- In general, categories R50-R64 include the more ill-defined conditions and symptoms that may point to two or more diseases or to two or more systems of the body.
- Practically all categories in this group could be designated as “not otherwise specified” or “unknown etiology” or “transient.”

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General Coding Guidelines

- The Alphabetic Index should be consulted to determine which symptoms and signs are to be coded here and which should be coded to more specific sections of the ICD-10-CM classification.
- Use codes from Chapter 18 when:
  - No more specific diagnosis can be made after investigation.
  - Signs and symptoms existing at the time of the initial encounter proved to be transient, or a cause could not be determined.

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General Coding Guidelines

- A patient fails to return, and all you have is a provisional diagnosis.
- A case is referred elsewhere before a definitive diagnosis could be made.
- A more precise diagnosis was not available for any other reason.
- Certain symptoms that represent important problems in medical care exist, and it is desirable to classify them in addition to a known cause.

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Coding Tip

- In the outpatient setting, do not code “rule out,” “possible,” “probable,” or “suspected” statements as being definitive diagnoses. Instead, code for the signs or symptoms with which the patient presented.

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General Coding Guidelines

- Do not use codes from Chapter 18 when:
  - A definitive diagnosis is available, for example; the diagnostic statement says cough due to acute bronchitis.
  - The code for cough is category J40, which is located in Chapter 10 of ICD-10-CM. Because the reason for the cough is acute bronchitis, you would not include the code for the symptom of cough.
  - The only code you would assign would be from category J40.

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General Coding Guidelines

- The symptom is considered to be an integral part of the disease process; for example, dysuria (painful urination), urinary frequency, and urgency due to urinary tract infection.
- Dysuria, frequency, and urgency are classic symptoms of a urinary tract infection. Therefore, you would not assign codes for the symptoms. The only code you would assign is N39.0 for the urinary tract infection.

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General Coding Guidelines

- Other examples of new ICD-10-CM category codes include:
  - R13 Aphagia and dysphagia.
  - R19.0 Intra-abdominal and pelvic swelling, mass, and lump.
  - R25 Abnormal involuntary movements.
  - R31 Hematuria.
  - R33.0 Drug-induced retention of urine.
  - R40.2- Coma.

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General Coding Guidelines

- R43 Disturbance of smell and taste.
- R50 Fever of unknown origin.
- R55 Syncope and collapse.
- R58 Hemorrhage, not elsewhere classified.
- R77 Other abnormalities of plasma proteins.
- R78 Findings of drugs and other substances, not normally found in blood.

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General Coding Guidelines

- The codes for abnormal findings have been significantly expanded in ICD-10-CM to provide greater specificity. The block entitled Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis, includes the following categories:
  - R83, Abnormal findings in cerebrospinal fluid.
  - R84, Abnormal findings in specimens from respiratory organs and thorax.

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General Coding Guidelines

- R85, Abnormal findings in specimens from digestive organs and abdominal cavity.
  - R86, Abnormal findings in specimens from male genital organs.
  - R87, Abnormal findings in specimens from female genital organs.
  - R88, Abnormal findings in other body fluids and substances.
  - R89, Abnormal findings in specimens from other organs, systems, and tissues.

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Falling

- Codes for other abnormalities of gait and mobility are to be used when the patient tends to fall when attempting to walk and should not be confused with the external cause codes for falls.
  - R26.81 Unsteadiness on feet.
  - R26.9 Other abnormalities of gait and mobility.
- This code category may be used in conjunction with the external cause codes for falls.
- The injury codes is reported first, followed by the underlying condition and the external cause code to describe the type of fall.

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Glasgow Coma Scale

- According to the coding guidelines for ICD-10-CM, the Glasgow coma scale must be used in conjunction with the codes for traumatic brain injuries or the sequelae of cerebrovascular accidents.
- When more than one coma assessment is performed (multiple coma assessments), the patient's health record should include a report of the initial coma scale performed at the time of admission and a final rating performed at the time of discharge.

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Glasgow Coma Scale

- With code R40.2–, one code from each of the three subcategories must be assigned to complete the Glasgow scale.
- Facility policy should determine which scale ratings are to be reported in the health record.
- An extension must be added to the coma codes to indicate which ratings are to be reported in the final record.

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External Causes of Morbidity (V00-Y99)

- Before discussing Chapter 19, which includes injuries and poisonings, it is important to understand the external causes of morbidity since many of the codes related to injuries and poisonings must include the external cause of morbidity.
- Chapter 20 of the Tabular List includes the following sections:
  - Accidents (V00-X58).
  - Transport accidents (V00-V99).
  - Pedestrian injured in transport accident (V00-V09).

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External Causes of Morbidity (V00-Y99)

- Pedal cycle rider injured in transport accident (V10-V19).
- Motorcycle rider injured in transport accident (V20-V29).
- Occupant of three-wheeled motor vehicle injured in transport accident (V30-V39).
- Car occupant injured in transport accident (V40-V49).
- Occupant of pick-up truck or van injured in transport accident (V50-V59).
- Occupant of heavy transport vehicle injured in transport accident (V60-V69).

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External Causes of Morbidity (V00-Y99)

- Bus occupant injured in transport accident (V70-V79).
- Other land transport accidents (V80-V89).
- Water transport accidents (V90-V94).
- Air and space transport accidents (V95-V97).
- Other and unspecified transport accidents (V98-V99).
- Other external causes of accidental injury (W00-X58).
- Slipping, tripping, stumbling, and falls (W00-W19).
- Exposure to inanimate mechanical forces (W20-W49).
- Exposure to animate mechanical forces (W50-W64).

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External Causes of Morbidity (V00-Y99)

- Accidental non-transport drowning and submersion (W65-W74).
- Exposure to electric current, radiation, and extreme ambient air temperature and pressure (W85-W99).
- Exposure to smoke, fire, and flames (X00-X08).
- Contact with heat and hot substances (X10-X19).
- Exposure to forces of nature (X30-X39).
- Accidental exposure to other specified factors (X52,X58).
- Intentional self-harm (X71-X83).

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External Causes of Morbidity (V00-Y99)

- Assault (X92-Y08).
- Event of undetermined intent (Y21-Y33).
- Legal intervention, operations of war, military operations, and terrorism (Y35-Y38).
- Complications of medical and surgical care (Y62-Y84).
- Misadventures to patients during surgical and medical care (Y62-Y69).
- Medical devices associated with adverse incidents in diagnostic and therapeutic use (Y70-Y82).

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External Causes of Morbidity (V00-Y99)

- Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (Y83-Y84).
- Supplementary factors related to causes of morbidity classified elsewhere (Y90-Y99).

- External cause codes may indicate the external causes of injuries, poisonings, and adverse effects of drugs, chemicals, and substances.

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External Causes of Morbidity (V00-Y99)

- However, they can also be reported for diseases due to an external source or other health condition that is applicable.
- These codes for reporting external causes are important in providing data for injury identification and evaluation of injury prevention.
- For these conditions, codes from Chapter 20 should be used to provide additional information as to the cause of the condition.

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External Causes of Morbidity (V00-Y99)

- These codes are never listed as the principal diagnosis or first-listed diagnosis.
- External cause codes for injuries and other health conditions provide data for research and prevention strategies.
- An external cause code can be used with any code in the ranges of A00.0-T88.9 and Z00-Z99 when there is a health condition due to an external cause. These codes capture the cause of the injury or health condition.

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External Causes of Morbidity (V00-Y99)

- The external cause codes identify the intent of the circumstance as:
  - Unintentional (accidental).
  - Intentional self-harm, or assault.
  - Place where the event occurred.
  - The activity of the patient at the time of the event.
- Injuries are a major cause of mortality, morbidity, and disability.

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External Causes of Morbidity (V00-Y99)

- These codes capture how the injury or poisoning happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), and the place where the event occurred.
- Some major categories of external cause codes include:
  - Transport accidents.
  - Poisoning and adverse effects of drugs, medicinal substances, and biologicals.

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External Causes of Morbidity (V00-Y99)

- Accidental falls.
- Accidents caused by fire and flames.
- Accidents due to natural and environmental factors.
- Late effects of accidents, assaults, or self-injury.
- Assaults or purposely inflicted injury.
- Suicide or self-inflicted injury.

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Coding Tip

- Assign as many external cause codes as necessary to explain fully each cause.

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General Coding Guidelines

- Sequencing of multiple external cause codes is based on the sequence of events leading to the injury.
- If only one external cause code can be recorded, assign the external cause code that relates to the principal/first listed diagnosis.
  - Activity codes:
    - Activity codes are reported with Category Y93- as secondary codes to identify the activity at the time of injury.

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General Coding Guidelines

- Sequencing priority:
  - External cause codes have a specific sequencing priority.
  - Review the following:
    - Terrorism takes sequencing priority over all other external cause codes (excepting child and adult abuse).
    - Cataclysmic events take sequencing priority over all other external cause codes (excepting child and adult abuse and terrorism).

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General Coding Guidelines

- Transport accidents take sequencing priority over all other external cause codes (excepting cataclysmic events, child and adult abuse, and terrorism).

- The selection of the appropriate external cause code is guided by the Index to External Causes, a separate index in the ICD-10-CM, and by the instructional notes in Chapter 20.
- The code indicated in the index for the main term is verified in the Tabular List of Chapter 20.

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General Coding Guidelines

- The conventions and rules for the classification also apply.
- Make certain all inclusion and exclusion notes in the Tabular List are reviewed before selecting a code.

- There are also sections for legal interventions, operations of war, military operations, terrorism, complications of medical and surgical care and supplemental factors related to causes of morbidity classified elsewhere.
  - These extensions match the extensions for the nonfracture T codes that have extensions.

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General Coding Guidelines

- Different extensions are needed for Y93, Activity code.
  - No extensions are required for categories Y62-Y84, Complications of medical and surgical care.
- Place of occurrence:
  - In ICD-10-CM, codes from category Y92 (Place of occurrence of the external cause), are secondary codes for use with other external cause codes to notify the location of the patient at the time of injury.

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Unintentional (Accidental) Injuries

- The default for external cause is unintentional. If there is no documentation in the medical record as to the intent of an injury, it should be assigned an “unintentional intent” external cause code.

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Transport Accidents

- Type of vehicle the victim occupies is identified in first 2 characters since it is seen as the most important factor to identify for prevention purposes.
  - A transport accident is one in which the vehicle involved must be moving or running or in use for transport purposes at the time of the accident.
- When accidents involving more than one kind of transport are recorded, the following order of precedence should be used:
  - Aircraft and spacecraft (V95-V97).
  - Watercraft (V90-V94).

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Transport Accidents

  - Other modes of transport (V00-V89, V98-V99).
- If no documentation is available to identify the victim as driver or occupant of a vehicle, classify the victim as an occupant.
- Use additional external cause codes with a transport accident code to identify:
  - The use of a cell phone or other electronic equipment contributing to the accident (Y93.C-).
  - Whether an airbag contributed to any injury (W22.1).
  - The type of street or road where the accident occurred, if known, (Y92.4-).

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Falls

- Categories W00-W19, Falls, include the main fall codes in Chapter 20.
- These codes are for standard types of falls, such as, due to ice and snow, or falling from stairs or off a ladder.
- Other fall codes are associated with causes such as:
  - Fires.
  - Watercraft accidents.
  - Pedestrian.
  - Conveyance accidents.
  - Subsequent striking against objects.

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Assault

- An assault is intentional infliction of an injury to another person intending to injure or harm.
- Assault codes are classified X92-Y08.
- For cases of confirmed abuse or neglect, an external cause code from the assault section (X92-Y08) should be added to identify the cause of any physical injury.
  - Other codes are available for terrorism, military operations, operations of war and legal interventions. Assault codes are not used in these circumstances.

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Assault

- These guidelines are provided for the reporting of external causes of morbidity codes in order that there will be standardization in the process.
- These codes are secondary codes for use in any health care setting.
  - See Table 10.2, Official ICD-10CM Guidelines for External Causes.

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Undetermined Intent

- The default for injuries when the documentation does not indicate intent is unintentional.
- Codes from categories Y21-Y33, Events of undetermined intent, are only for use when the documentation in the record specifically states that the intent cannot be determined.

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Legal Interventions

- The codes from category Y35, Legal intervention, are for use for any injury documented as sustained as a result of an encounter with any law enforcement official, serving in any capacity at the time of the encounter, whether on-duty or off-duty.
- The sixth character for the legal intervention codes identifies the victim, a law enforcement official, a bystander, or the suspect of a crime.
- The seventh-character extensions for Y35 are the same as for the majority of categories to identify the initial, subsequent, or sequelae encounter.

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Legal Interventions

- The codes from category Y35, Legal intervention, are for use for any injury documented as sustained as a result of an encounter with any law enforcement official, serving in any capacity at the time of the encounter, whether on-duty or off-duty.
- The sixth character for the legal intervention codes identifies the victim, a law enforcement official, a bystander, or the suspect of a crime.
- The seventh-character extensions for Y35 are the same as for the majority of categories to identify the initial, subsequent, or sequelae encounter.

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Operations of War/Military Operations

- Category Y36, Operations of war, is limited to classifying injuries sustained during a time of declared war and that are directly due to the war.
- Y37, Military operations, is for use to classify injuries to military and civilian personnel occurring during peacetime on military property or during routine military exercises or operations.

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Operations of War/Military Operations

- The extensions for Y36 and Y37 are the same as for the majority of categories for the initial encounter (a), subsequent encounter (d), and (q) sequelae.
- Transport accidents during peacetime involving military vehicles that are off military property are included with transport accidents, not in Y36 or Y37.

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Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)

- Chapter 19 in ICD-10-CM contains the following categories:
  - Injuries to the head (S00-S09).
  - Injuries to the neck (S10-S19).
  - Injuries to the thorax (S20-S29).
  - Injuries to the abdomen, lower back, lumbar spine, pelvis, and external genitals (S30-S39).
  - Injuries to the shoulder and upper arm (S40-S49).
  - Injuries to the elbow and forearm (S50-S59).

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Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)

- Injuries to the wrist, hand, and fingers (S60-S69).
- Injuries to the wrist, hand, and fingers (S60-S69).
- Injuries to the hip and thigh (S70-S79).
- Injuries to the knee and lower leg (S80-S89).
- Injuries to the ankle and foot (S90-S99).
- Injuries involving multiple body regions (T07).
- Injury of unspecified body region (T14).
- Effects of foreign body entering through natural orifice (T15-T19).

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Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)

- Burns and corrosions of external body surface, specified by site (T20-T25).
- Burns and corrosions confined to eye and internal organs (T26-T28).
- Burns and corrosions of multiple and unspecified body regions (T30-T32).
- Frostbite (T33-T34).
- Poisoning by, adverse effects of, and underdosing of drugs, medicaments, and biological substances (T36-T50).

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Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)

- Toxic effects of substances chiefly nonmedicinal as to source (T51-T65).
- Burns and corrosions of multiple and unspecified body regions (T30-T32).
- Frostbite (T33-T34).
- Poisoning by, adverse effects of, and underdosing of drugs, medicaments, and biological substances (T36-T50).

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Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)

- Other and unspecified effects of external causes (T66-T78).
- Certain early complications of trauma (T79).
- Complications of surgical and medical care, not elsewhere classified (T80-T88).

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Injuries

- Injury is one of our nation's most important health problems. According to the National Safety Council, leading causes of unintentional death are:
  - Motor-vehicle accidents.
  - Falls.
  - Poisonings.
  - Drowning.
  - Fires.

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Fractures

- A fracture is a broken bone. ICD-9-CM classifies fractures in terms of their complexity.
- Closed fracture (with or without delayed healing) is a fracture of the bone with no skin wound.
- Examples of closed fractures are:
  - Comminuted.
  - Depressed.
  - Elevated.
  - Fissured.

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Fractures

- Greenstick.
- Impacted.
- Linear.
- March.
- Simple.
- Slipped epiphysis.
- Spiral.

- Open fracture (with or without delayed healing): a fracture of the bone with skin wound.

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Fractures

- Examples of open fractures are:
  - Compound.
  - Infected.
  - Missile.
  - Puncture.
  - With foreign body.
- Selecting the correct diagnosis for fractures depends upon a clear understanding of the anatomic site and extent of the injuries.

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Fractures

- Chapter 19 is comprised of S codes and T codes. S codes are used to report traumatic injuries. T codes report burns and corrosions, poisonings, and toxic effects, adverse effects, underdosing, complications of medical care, and other such consequences of external causes.
- Most categories in Chapter 19 have seventh-character extensions required for the applicable code.

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Fractures

- Most categories use three extensions.
  - A = initial encounter.
  - D = subsequent encounter.
  - S = sequelae.
- Fractures are reported with additional extensions and are unique to each category.
- Extension “A” is used only for the first patient encounter for treatment of an injury.

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Fractures

- All subsequent encounters require extension “D.” An injury code with extension “D” may be used as long as the patient is treated for the injury for the entire course of treatment for a specific injury.
- Extension “S” is used for complications or conditions as a direct result of an injury:
  - A good example is scar formation following a burn.
  - The scar would be sequelae of the burn.

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Fractures

- The ICD-10-CM guidelines direct the user to report the injury code that precipitated the complication and the code for the sequelae. The “S” is added to the injury code, not the code for the complication or sequelae. Sequencing for injuries in sequelae is important.
- The following rules apply:
  - Sequelae is sequenced first (complication or the condition as a result of the injury).
  - Injury code is sequenced as the secondary diagnosis.

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Fractures

- Keep in mind for reporting aftercare of injuries that the “Z” aftercare codes are not used.
- An acute injury code is assigned with the seventh character “D” to report the subsequent encounter for care.
- Injury codes or “S” codes are reported for injuries:
  - The most severe injury is sequenced first. Injury codes are categorized by type of injury and location (site).
  - In some cases laterality is critical in the code selection.

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Fractures

- There are instructional notes to indicate which other codes will describe the injury fully.
- For open wounds, for example, an instructional note provides guidance to the user to code any associated wound infection.
- For normal healing surgical wounds, a wound code in this chapter is not used.

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Fractures

- Codes in this category are divided into body regions:
  - S00–S09 Injuries to the head.
  - S10-S19 Neck.
  - S20-S29 Thorax.
  - S30-S39 Shoulder and upper arm.
  - S40-S49 Abdomen, lower back, lumbar spine, and pelvis.
  - S50-S59 Elbow and forearm.

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Fractures

- S60-S69 Wrist and hand.
- S70-S79 Hip and pelvis.
- S80-S89 Knee and lower leg.
- S90-S99 ankle and foot.

- Within body section are categories for type of injury specific to the body section.

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General Coding Guidelines for Injuries

- The code for the most serious injury, as determined by the physician, is sequenced first.
- Superficial injuries such as abrasions or contusions are not coded when associated with more severe injuries of the same site.
- Assign separate codes for each injury—exception is when a combination code is available. The code for unspecified multiple injuries (T07) is only assigned when a more specific code is not available.

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General Coding Guidelines for Injuries

- For normal healing surgical wounds, or to identify a complication of a wound, traumatic injury codes (S00-T14.9) are not to be used.
- For normal healing surgical wounds, or to identify a complication of a wound, traumatic injury codes (S00-T14.9) are not to be used.
- When a primary injury results in minor damage to peripheral nerves or blood vessels, the primary injury is sequenced first with additional code(s) from categories S04 or S15 (Injury to nerves and spinal cord or to blood vessels). When the primary injury is to the blood vessels or nerves, the injury should be sequenced first.

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General Coding Guidelines for Injuries

- Fractures that do not specify “open” or “closed” are coded as closed. A fracture that does not indicate “displaced” or “not displaced” is coded as displaced. It is important to query the physician to identify specificity if possible.
- Use caution and select the appropriate seventh-character extension in the classification.
- For subsequent care after the initial care for the fracture, and when the patient is receiving treatment for healing and recovery, the active treatment diagnosis should be reported with the seventh character “D” for subsequent care.

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General Coding Guidelines for Injuries

- A complication code should be used when a complication arises during the healing or recovery phase of fracture care.
- A patient with known osteoporosis who suffers a fracture should be reported in category M80, not the fracture code(s) even if the condition is minor or trauma.
- Sequencing of fractures will depend on the severity of the fracture. The more serious fracture is sequenced first.

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General Coding Guidelines for Injuries

- Documentation for fracture coding should include:
  - Anatomic site.
  - Laterality.
  - Fracture type.
  - Displaced or nondisplaced.
  - Open or closed.
  - Seventh-character extension required.

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General Coding Guidelines for Injuries

- For open fractures of the long bone extensions, identify the degree of severity for the open fracture.
  - The fracture extensions are unique to each type of bone and type of fracture.
  - It is necessary to review the fracture extensions carefully before assigning an extension.
  - A fracture code is reported as long as the patient is receiving treatment for the fracture. Review Category 32 (Figure 10.5), fracture of lumbar spine and pelvis with note of the seventh character extensions added to this category.

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Dislocation

- A dislocation is displacement of a bone from its joint. A subluxation is the partial displacement of a bone from its joint.
- Coding for a dislocation follows some of the same rules as fracture coding.
- Coding a dislocation requires information on the site of the fracture, whether the dislocation is open or closed, and laterality.

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Dislocation

- A dislocation not indicated as closed or open should be coded as closed.
- This note is printed in the section notes for dislocation and is not repeated again within the section.
- It is important to highlight this note in the ICD-10-CM code book as a reminder of this rule!
- A dislocation and fracture of the same bone would be coded to the fracture site.

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Crush Injuries

- Crush injuries are sequenced first followed by any code to indicate the specific injuries associated with the crushing.

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Coding Tip

- Fracture coding requires a seventh-character extension to identify the highest level of specificity.
- If there are not 6 characters in the code, do not forget to use the dummy placeholder “x”.

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Sprains and Strains of Joints and Adjacent Muscles

- A sprain is a rupture of supporting ligament fibers in a joint.
- A strain is overexertion of a muscle.
- Sprains and strains are coded according to site.

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Wounds

- Identify wounds by site and complexity.
- Distinguish between open wounds and superficial wounds.
- Open wounds include animal bites, avulsions, cuts, lacerations, puncture wounds, and traumatic amputations.

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Wounds

- In contrast, superficial wounds include abrasions, blisters, insect bites, and removal of a superficial foreign body. Code superficial injuries to ICD-9-CM categories S00 and S01.
- To code an open wound, look under the main term “wound, open” in the Alphabetic Index.
- Wounds with mention of delayed healing, delayed treatment, or presence of foreign body or major infection would warrant a complicated designation.

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Spinal Cord Injuries

- For each section of spinal cord injury, the code for the highest level of injury for that section of the cord should be used.
- If a patient has a cord injury at more than one section of the cord, use a code for the highest level of injury for each section.
- If the patient has a complete lesion of the cord, it is not necessary to use any additional codes for spinal cord injuries below the level of the complete lesion.

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Burns and Corrosions (T20-T32)

- Burns and corrosions are coded with categories T20-T32. ICD-10-CM distinguishes between burns and corrosions.
- The burn codes are to report thermal burns that come from a heat source, such as a fire or hot appliance.
- The burn codes are also for burns resulting from electricity and radiation. Corrosions are burns due to chemicals.

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Burns and Corrosions (T20-T32)

- The depth of burns is classified as first degree (erythema), second degree (blistering), or third degree (full-thickness involvement).
- All burns are coded with the highest degree of burn sequenced first.
- Burns of the same local site (T20-T28) but of different degrees should be classified to the subcategory identifying the highest degree recorded in the diagnosis (Official ICD-10-CM Guidelines).

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Burns and Corrosions (T20-T32)

- In ICD-10-CM what must be documented and coded is based on the following:
  - Whether it is a burn or corrosion:
    - Burn codes apply to thermal burns (except sunburns) that come from a heat source, such as fire or a hot appliance.
    - They include electricity and radiation burns.
    - Corrosions are burns due to chemicals.
    - The guidelines are the same for burns and corrosions.

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Burns and Corrosions (T20-T32)

- Burns are classified by depth (first, second, third degree).
- Location of burn (site).
- Laterality in many cases.
- If third degree or higher, TBSA reported as a secondary diagnosis in addition to code for burn if the TBSA is known.
- If an infection is present, an additional code is assigned for the infection.

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Burns and Corrosions (T20-T32)

- An additional code is required for intent and place of occurrence.
- Burns of the eye and internal organs (T26–T28) are classified by site, not by degree.
- Separate codes for each burn site should be assigned.
- Burn and corrosion, body region unspecified should be rarely used.

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General Guidelines

- If a burn is a thermal burn, a burn code should be used.
- If a burn is a chemical burn, a corrosion code should be used.
- The guidelines for burns and corrosions are the same.
- Sunburns are not coded in this category.
- When coding a burn of the eye (T26-T28), these codes are classified by site not degree.
- Each burn or corrosion site is coded by sequencing the highest degree of burn or corrosion when more than one site is affected.

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General Guidelines

- Burns and corrosions internally are reported before external burns if they require more extensive treatment or are more severe.
- Code burns of the same site to the highest degree using one code even if the burns or corrosions are of different degrees.
- Burns and corrosions internally are reported before external burns if they require more extensive treatment or are more severe. Assign separate codes for each burn site.

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Coding Total Body Surface Area (TBSA) for Burns or Corrosions

- An additional code is assigned to one of the following categories when coding a third-degree burn:
  - T31, Burns classified according to extent of body surface involved.
  - T32, Corrosions classified according to extent of body surface involved.
  - These codes are used to indicate the total body surface area burned and should be reported when there is mention of a third-degree burn involving 20% or more TBSA (per Official Coding Guidelines).

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Coding Total Body Surface Area (TBSA) for Burns or Corrosions

- These codes may be reported; however, if the TBSA is less than 20%, coding the TBSA is optional.

- Categories T31 and T32 are based on the classic "rule of nines" in estimating body surface involved:
  - Head and neck, 9 percent.
  - Each arm, 9 percent.
  - Each leg, 18 percent.
  - Anterior trunk, 18 percent.

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Coding Total Body Surface Area (TBSA) for Burns or Corrosions

- Posterior trunk, 18 percent.
- Genitalia, 1 percent.
- Physicians 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 or corrosions.

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Coding Tips

- Burns are classified by site, depth, and degree.
- Keep in mind that encounters for the treatment of the late effects of burns or corrosions (ie, scars or joint contractures) should be coded with a burn or corrosion code with the seventh character “S” for sequelae.

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Poisonings, Toxic Effects, Adverse Effects, and Underdosing (T36-T50)

- Poisoning can occur in a variety of ways.
- It can occur when an error was made in drug prescription or in the administration of the drug by physician, nurse, patient, or other person.
- If an overdose of a drug was intentionally taken or administered and resulted in drug toxicity, this would be considered a poisoning.

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Poisonings, Toxic Effects, Adverse Effects, and Underdosing (T36-T50)

- If a nonprescribed drug or medicinal agent was taken in combination with a correctly prescribed and properly administered drug, any drug toxicity or reaction resulting from the interaction of the two drugs would be classified as a poisoning.
- ICD-10-CM does not provide codes that differentiate between poisonings and adverse effects.
- The various codes in the block T36 through T50 identify the substances that caused the adverse effect.

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Poisonings, Toxic Effects, Adverse Effects, and Underdosing (T36-T50)

- A Table of Drugs and Chemicals is available to assist in coding this category. When nonprescribed drug or medicinal agent is taken in combination with a correctly prescribed and properly administered drug, any drug toxicity or other reaction resulting from the interaction of the two drugs is classified as a poisoning.
- When a drug prescribed is administered incorrectly, this is also considered a poisoning.
- A toxic effect is a poisoning due to a toxic substance that has no medicinal use.

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Adverse Effect and Underdosing

- An adverse effect is a reaction to a drug that is taken as prescribed and is properly administered.
- Codes in categories T36-T65 are combination codes that include the substances related to adverse effects, poisonings, toxic effects, and underdosing, as well as the external cause.
- No additional external cause code is required for poisonings, toxic effects, adverse effects, and underdosing codes.

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Adverse Effect and Underdosing

- The term “underdosing” means taking less of the medication than was prescribed or based on the manufacturer’s instruction, which results in a negative health consequence.
- A noncompliance (Z91.12-, Z91.13-) or failure in dosage during surgical or medical care (Y63.-) code must be used with an underdosing code to indicate intent.
- Review Figure 10.7 as an example of coding for underdosing.

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Adverse Effect and Underdosing

- Categories T36-T50, poisoning, adverse effects, and underdosing by drugs, medicaments, and biological substances, and T51-T65, Toxic effects of substances chiefly nonmedicinal as to source, are the categories for the different classes of drugs and chemical agents that may cause a poisoning, toxic effect, or adverse effect.
- Review Figure 10.8.

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Adverse Effect and Underdosing

- Code to accidental poisoning when there is no intent indicated in the documentation.
- The code for undetermined intent should be used only when specific documentation in the record indicates that the intent could not be determined.
- There are fifth and sixth characters to identify the circumstances that caused the adverse effect, such as accidental poisoning or adverse effect, intentional self-harm, assault, or undetermined cause.

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Adverse Effect and Underdosing

- Adverse effects (categories T36-T50 only).
- Underdosing (categories T26-T50 only).
- No additional external cause code is required for poisonings, toxic effects, adverse effects, and underdosing codes (ICD-10-CM Coding Guidelines).

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Coding Tip

- Never select the final code in the Table of Drugs and Chemicals.

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Fifth-Character “x” Placeholder

- When reviewing Table 11.10, notice that the fifth-character “x” is part of many of these codes.
- The fifth-character “x” at many of the codes in categories T36-T65 is a placeholder to allow for possible future expansion.
- The “x” must remain in the code, and no other character should be used in its place. Not all codes in the Table of Drugs and Chemicals will have “x” as part of the code.

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Fifth-Character “x” Placeholder

- If a patient, for example, is poisoned by penicillin by taking an overdose accidently, using the ICD-10-CM Table of Drugs and Chemicals is coded in category T36.0x1. If the patient takes the correct prescribed dosage of penicillin and has an adverse reaction, the encounter is still reported using T36.0x1 because in ICD-10-CM both are considered a poisoning. Use caution, because a seventh character is required to identify the encounter and can only be referenced in the Tabular List.

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Fifth-Character “x” Placeholder

- A poisoning is reported using a minimum of two codes:
  - The first code, from the Poisoning column of the Table of Drugs and Chemicals, identifies the drug.
  - The second code indicates the condition(s) that resulted from the poisoning.
- Use the following guidelines to assign codes for poisonings by drugs and medicinal and biological substances (Official ICD-10-CM Guidelines):

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Fifth-Character “x” Placeholder

- Do not code directly from the Table of Drugs and Chemicals. Always refer back to the Tabular List.
- Use as many codes as necessary to describe completely all drugs or medicinal or biological substances.
- If two or more drugs or medicinal or biological substances are reported, code each individually, unless a combination code is listed in the Table of Drugs and Chemicals.

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Sequencing of Poisonings, Toxic Effects, Adverse Effects, and Underdosing

- Sequencing of poisonings, toxic effects, adverse effects, and underdosing:
- When sequencing a poisoning the following applies:
  - Code the patient's condition first (nausea, coma, etc).
  - The diagnosis code that specifies the nature of the poisoning, toxic effect, or adverse effect is reported as the secondary diagnosis using category T36-50.

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Poisonings, Toxic Effects, Adverse Effects, and Underdosing in a Pregnant Patient

- Codes from Chapter 15, Pregnancy, childbirth, and the puerperium, are always sequenced first on a medical record.
- A code from subcategory O9A.22, Injury, poisoning and certain other consequences of external causes complicating pregnancy, childbirth, and the puerperium, should be sequenced first, followed by the appropriate poisoning, toxic effect, adverse effect, or underdosing code and the additional code(s) that specify the nature of the poisoning, toxic effect, adverse effect or underdosing.

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Coding Tip

- Only use a code from the Undetermined column in the Table of Drugs and Chemicals only when the intent of the poisoning or toxic effect cannot be determined.

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Other T Codes That Include the External Cause

- Certain other T codes are combination codes that include the external cause.
- For example, the codes in categories T15-T19, Effects of foreign body entering through natural orifice, identifies both the foreign body, as well as the resulting injury.
- The intent for these codes is accidental; no secondary external cause code is needed.
- These codes require a seventh-character extension.

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