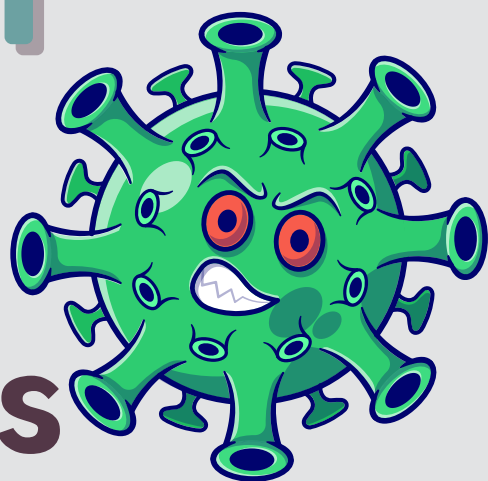


CHAPTER 1

Infectious & Parasitic Diseases (A00-B99)



Combo Codes

Many infectious diseases have combination codes that include the underlying infection and the manifestation
(ex. sepsis with organ dysfunction)

Causal Organism

Always identify the specific organism when documented (bacterial, viral, fungal, or parasitic) as it often drives codes selection

QUICK TIPS

Additional Codes

- Drug Resistance (Z16.-)
- Exposure History (Z20 - Z29)
- HIV status (B20, Z21)
- Postprocedural or nosocomial infections

Sequencing

Code primary infection first, followed by any secondary conditions or manifestations, unless guidelines instruct otherwise

Verify

Always verify your code in the tabular to ensure accuracy and capture any instructional notes or excludes/includes notes

Pro Tip

Review your Official Guidelines for Section I.C.1 carefully - this section provides very specific rules for Chapter 1 coding scenarios.



CHAPTER 2

Neoplasms (C00-D49)



Primary vs. Secondary

- Code the primary first unless otherwise directed
- If metastasis is present, also report the *secondary site(s)*

Table of Neoplasms

Start in the Alphabetic Index or Table of Neoplasms to locate the correct category based on site behavior – then verify in the Tabular.

Know the Behavior

- Malignant (Primary or Secondary)
- In Situ
- Benign
- Uncertain behavior
- Unspecified behavior

Current vs. Hx

- Personal hx (Z85.-)
- Family hx (Z80.-)

Current malignancy vs history of (make sure you're coding active disease properly!)

Documentation

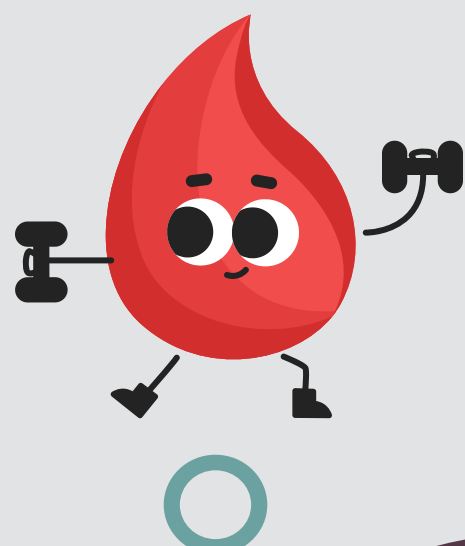
Always code based on the provider's specific documentation of type, location and behavior.
NEVER assume!

Pro Tip

Chapter 2 coding relies heavily on provider documentation - always clarify if anything is unclear before assigning a code.

CHAPTER 3

Blood & Blood-Forming Organs (D50-D89)



Immune Mechanism Disorders

Includes conditions like agranulocytosis, immune thrombopenic purpura and other immunodeficiencies.

Add'l Codes

Identify underlying conditions or causes (such as chronic kidney disease causing anemia).

Pro Tip

Don't forget to cross-reference lab results, medication use, and chronic conditions – they often give clues to the correct code selection!

Anemias

- Pay attention to the type of anemia (iron deficiency, pernicious, sickle cell, etc.)
- Include underlying cause when applicable
 - Some types may require multiple codes (ex. anemia due to chronic disease)

Coagulation Disorders

- Codes for conditions like hemophilia, thrombocytopenia, and other clotting abnormalities are located here
- Look for documentation for severity, cause and any associated complications

Sequencing

The reason for the encounter usually guides which code comes first



CHAPTER 4

Endocrine, Nutritional & Metabolic Diseases (E00-E89)

Thyroid Disorders

- Document whether it's hypo- or hyper-
- Include causes, such as iodine deficiency, post-procedural, or autoimmune (ex. Hashimoto's).

Metabolic Disorders

Includes conditions like hyperlipidemia, obesity, metabolic syndrome, and fluid/electrolyte imbalances

Coagulation Disorders

- Codes for conditions like hemophilia, thrombocytopenia, and other clotting abnormalities are located here
- Look for documentation for severity, cause and any associated complications

QUICK TIPS



Diabetes Mellitus

- Pay close attention to the type of diabetes (type 1, type 2, due to underlying condition, or drug induced).
- Always capture complications and manifestations (neuropathy, retinopathy, nephropathy, ulcers, etc.)
- Use as many codes as needed to fully report all manifestations.

Pro Tip

Always read the instructional notes under each code category – especially for diabetes! Many guidelines apply to sequencing and code specificity.

CHAPTER 5

Mental, Behavioral & Neurodevelopmental Disorders (F01-F99)



QUICK TIPS

Specificity

- Type of disorder (ex. depression, anxiety, schizophrenia, substance abuse, dementia, etc.)
- Severity, type of episode, or remission status, when documented

Substance Use

- Identify use, abuse, vs dependence.
- Use additional codes for intoxication, withdrawal, or any associated medical complications

Neurodevelopmental Disorders

- Includes ADHD, autism spectrum disorder, intellectual disabilities, and other developmental conditions.
- Capture specificity when specified

Documentation

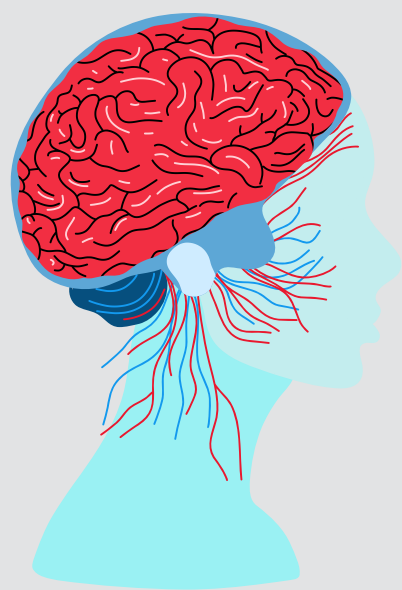
- Make sure provider documentation includes as much detail as possible – many codes require specific wording in order to assign the correct code.

Pro Tip

Chapter 5 codes can get tricky with overlapping conditions. Play close attention to combination codes and “Excludes” notes!



CHAPTER 6



Nervous System (F00-F99)

Seizures & Epilepsy

- Differentiate between seizure types and epileptic syndromes
- Document any intractability or status epilepticus if present

Nerve Disorders

Includes conditions like carpal tunnel, sciatica, Bell's palsy, and polyneuropathy

Pain Codes

- Use G codes for certain types of neurological pain (ex. trigeminal neuralgia, postherpetic neuralgia, etc.)
- Chronic pain may also require additional codes from the G89 category.

QUICK TIPS



Specificity Matters

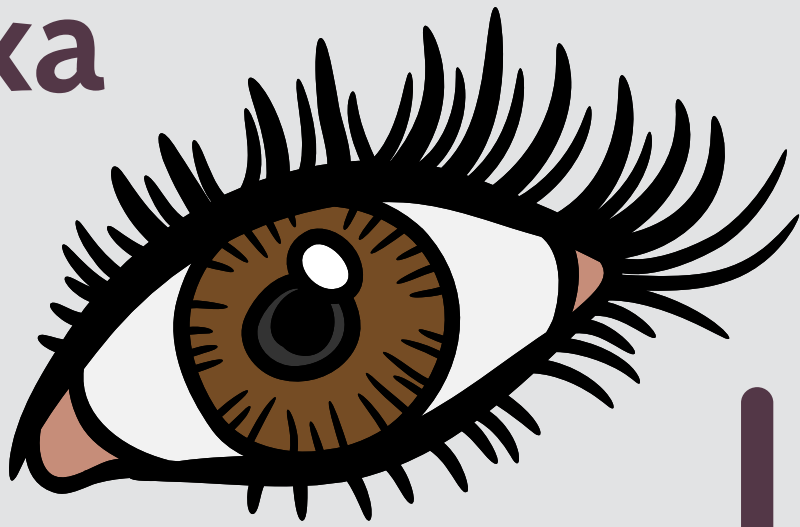
- Document the exact condition (ex. multiple sclerosis, Parkinson's disease, epilepsy, migraines, neuropathy, etc.)
- Laterality matters when applicable (left, right, bilateral)
- Dominant side will matter when applicable.

Pro Tip

Many Chapter 6 conditions have Excludes 1 notes – double check these so you're not assigning any conflicting codes.

CHAPTER 7

Eye & Adnexa (H00-H59)



Laterality

- Always capture whether the condition affects the right, left, or both eyes.
- Many codes require a 7th character for laterality and/or stage

Stage & Severity

Conditions like diabetic retinopathy and glaucoma require documentation of severity, stage, and any complications.

QUICK TIPS

Diabetes-Related Eye Disorders

If the eye condition is diabetes-related, code it as a complication of diabetes mellitus (E08-E13) and add the appropriate H code for specificity.



Postprocedural & Injury Codes

Use additional codes to identify injury, cause, or postprocedural complications affecting the eye.

Use the Tabular List

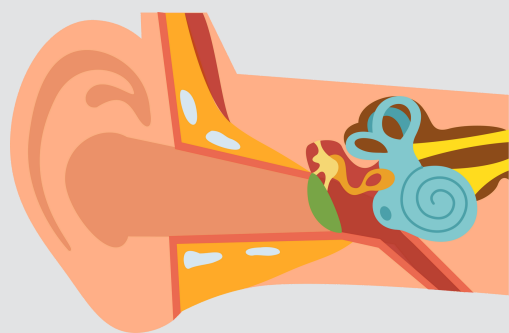
Always double check the tabular list to check for Excludes notes and coding instructions – they provide important guidance for accurate code selection

Pro Tip

The more detail in the provider’s documentation, the more specific your coding can be – always query if information is missing.

CHAPTER 8

Ear & Mastoid Process (H60-H95)



Laterality

- Right ear, left ear, bilateral or unspecified – make sure laterality is documented

Vertigo & Balance Disorders

- Includes conditions like Meniere's disease, benign paroxysmal vertigo, and labyrinthitis.
- Pay attention to underlying causes if documented.

QUICK TIPS

Infections & Inflammations

- Otitis externa, otitis media, mastoiditis – identify whether the infection is acute, chronic, or recurrent.
- Document any complications like rupture or hearing loss.



Hearing Loss Types

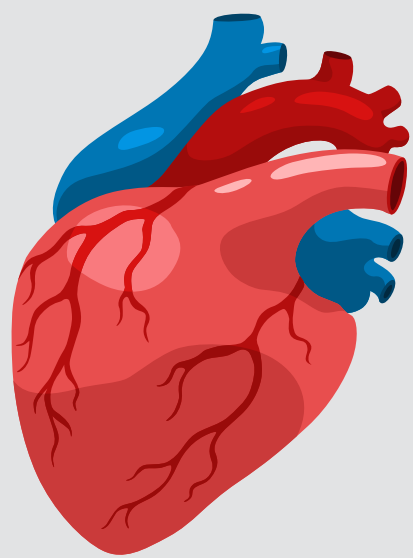
- Conductive, sensorineural, mixed, or unspecified – be sure to capture the exact type.
- Use additional codes for associated conditions when applicable (ex: congenital hearing loss, noise-induced hearing loss).

Pro Tip

Chapter 8 codes often include Excludes 1 notes – be sure you're not accidentally assigning conflicting codes!

CHAPTER 9

Circulatory System (100-199)



Ischemic Heart Disease

- Differentiate between angina, myocardial infarction, and chronic ischemic heart disease.
- Document whether it's initial or subsequent care for MI.

Cerebrovascular Disease

- Includes strokes, TIAs, and sequelae of strokes.
- Identify laterality, affected vessels, and any deficits or residual effects.

QUICK TIPS

Peripheral Vascular Disease & Aneurysms

- Capture specifics like location, type, and whether there's rupture or complications.



Hypertension

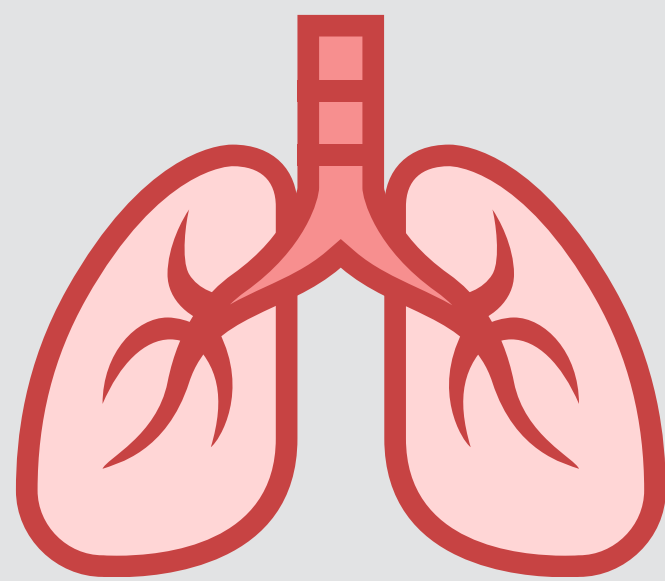
- Essential hypertension is coded to I10 unless otherwise specified.
- Document any associated heart, kidney, or eye complications — many require combination codes.
- Pay attention to the causal relationship: “due to” or “with” often triggers combination coding!

Pro Tip

Many circulatory conditions have combo codes that include the underlying condition and manifestation — read those coding notes carefully!

CHAPTER 10

Respiratory System (J00-J99)



Chronic Respiratory Conditions

- Includes COPD, asthma, emphysema, bronchiectasis.
- For asthma, document type (mild, moderate, severe) and whether it's intermittent or persistent.

Acute Respiratory Infections

- Includes common cold, sinusitis, pharyngitis, laryngitis, etc.
- Always document site, type, and whether the condition is acute or chronic.

Lower Respiratory Conditions

- Pneumonia (document organism if known), bronchitis, bronchiolitis, and influenza.
- Be specific when the organism or cause is identified (ex: viral vs bacterial pneumonia).



Respiratory Failure

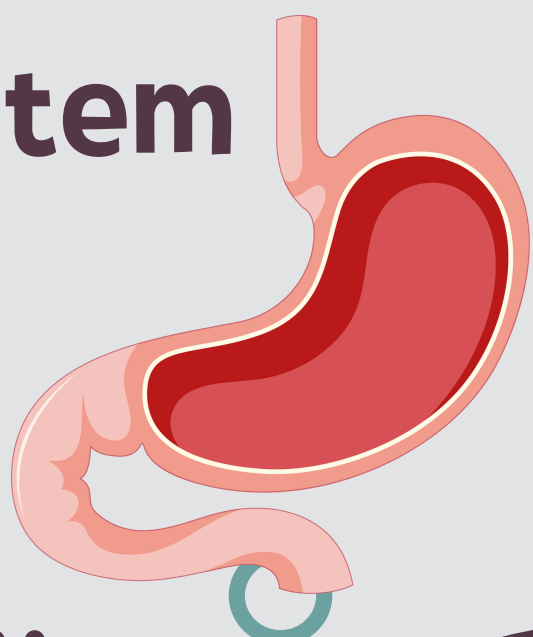
- Always capture if it's acute, chronic, or both
- Documentation should specify whether it's with hypoxia or hypercapnia.

Pro Tip

Pay attention to Excludes1 notes and combination codes — many respiratory diagnoses have overlapping codes that require careful review!

CHAPTER 11

Digestive System (K00-K99)



Intestinal Disorders

- For conditions like Crohn's disease, ulcerative colitis, and diverticulitis, document location, severity, and any complications such as bleeding or obstruction.

Liver & Gallbladder

- Be sure to document underlying causes like alcohol, medications, or viral hepatitis.
- Gallstones? Note whether cholecystitis or obstruction is present.

Pro Tip

Always review Excludes1 and instructional notes — many digestive conditions are highly specific and need detailed documentation!

Start to Finish

- Includes oral cavity, esophagus, stomach, intestines, liver, gallbladder, pancreas, and more.
- Be as specific as possible about location and cause.

Gastroesophageal Conditions

- Document GERD, ulcers, gastritis carefully — specify type, cause (ex: H. pylori), and any complications (bleeding, perforation).

Postprocedural Disorders

- Pay attention to codes for complications following GI procedures — many have specific codes depending on the issue.

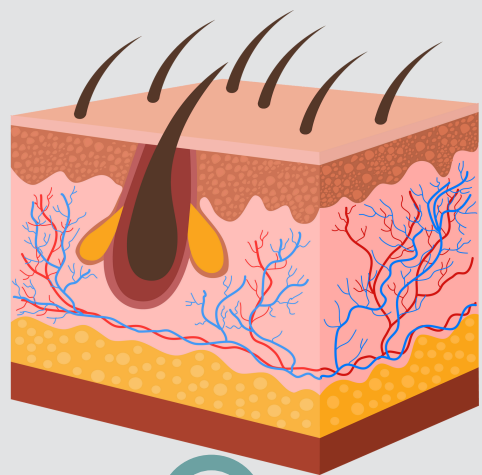
QUICK TIPS



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CODING COACH

CHAPTER 12

Skin & Subcutaneous Tissues (L00-L99)



Infections of the Skin

- Includes cellulitis, abscesses, and impetigo.
- Document location, organism (if known), and severity

Dermatitis & Eczema

- Specify type: atopic, contact, seborrheic, etc.
- Note whether it's acute, chronic, or allergic.

QUICK TIPS

Ulcers & Pressure Injuries

- Document the site, laterality, and stage (1-4, unstageable, or suspected deep tissue injury).
- The stage must be clearly documented for accurate coding!



Other Skin Disorders

- Includes psoriasis, lupus, scars, keloids, and skin changes due to systemic conditions.
- Capture associated conditions when applicable.

Pro Tip

Ulcer and wound coding is ALL about the documentation — you need clear notes on depth, severity, and any underlying causes (diabetes, vascular disease, etc.).

CHAPTER 13

Musculoskeletal & Connective Tissue (M00-M99)



Acute vs. Chronic

- Many codes differentiate between acute, chronic, recurrent, or other specified conditions.
- Clear documentation helps you pick the right code.

Injuries vs. Nontraumatic Conditions

- This chapter focuses on nontraumatic conditions (degenerative, inflammatory, congenital).
- Injuries are coded elsewhere (Chapter 19).

Pro Tip

When coding Chapter 13 conditions, always remember that site and laterality matter! Most codes require specificity about the affected bone, joint, or muscle, as well as right vs. left.

Laterality

- Right, left, bilateral — always document the affected side.

Arthritis & Arthropathies

- Identify the type: osteoarthritis, rheumatoid, post-traumatic, gout, etc.
- Document site, laterality, and whether there's joint deformity.

Systemic Connective Tissue Disorder

- Includes lupus, scleroderma, myopathies, and related disorders — always document systemic involvement and any organ complications.

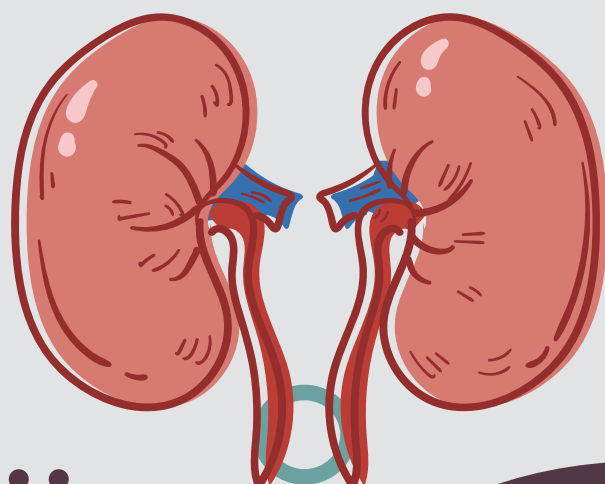
QUICK TIPS



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CODING COACH

CHAPTER 14

Genitourinary System (N00-N99)



Kidney Disorders

- Includes acute & chronic kidney disease (CKD).
- Always document the stage for CKD — this directly impacts your code selection.

Urinary Tract Infections (UTIs)

- Differentiate between lower UTI, pyelonephritis, cystitis, and other infections.
- Document causative organisms when available.

Male & Female Reproductive

- Includes menstrual disorders, infertility, prostate disorders, pelvic inflammatory disease, etc.
- Laterality may be required for some conditions (ex: ovarian cysts, testicular issues).

QUICK TIPS

Complications of Pregnancy

- Pregnancy-related conditions are primarily coded in Chapter 15 — be sure you're coding from the correct chapter based on the situation.

Postprocedural Disorders

- Includes complications from surgeries such as hysterectomies, prostatectomies, or dialysis access.

Pro Tip

Be thorough with provider documentation — especially with CKD, urinary infections, and reproductive disorders — the more specific, the better!

CHAPTER 15

Pregnancy, Childbirth & Puerperium (000-09A)



Sequencing

When the patient is pregnant and being seen for a pregnancy-related condition, an O code is your primary code.

Complications

Hypertension, diabetes, infections, hemorrhage, preterm labor, multiple gestation, postpartum complications — all coded from Chapter 15 if pregnancy-related.

Trimesters

1st trimester
<14 weeks

2nd trimester
14-27 weeks

3rd trimester
28 weeks and beyond



Z Codes

- Routine pregnancy visits use Z34.- codes.
- Supervision of high-risk pregnancies uses Z35.- codes.

Pro Tip

Always read the instructional notes — they clearly tell you when to sequence certain codes together and when to use additional codes!

CHAPTER 16

Perinatal Period (P00-P96)



When to Use

- Applies to infants from birth through the first 28 days of life.
- Conditions that begin before, during, or shortly after birth are captured here.

Maternal & Fetal Factors

Use codes from P00-P04 when maternal factors affect the newborn (ex: maternal infections, complications, substance use).

Birth Injuries & Trauma

- Includes injuries like fractures, nerve injuries, and intracranial hemorrhage that occur during delivery.

Neonatal Conditions

- Covers respiratory distress, prematurity, feeding issues, jaundice, infections, and other common neonatal concerns.
- Be sure to document severity, complications, and gestational age.

Sequencing Reminders

If coding both a maternal and newborn chart, sequence codes appropriately based on whose chart you're coding.

Pro Tip

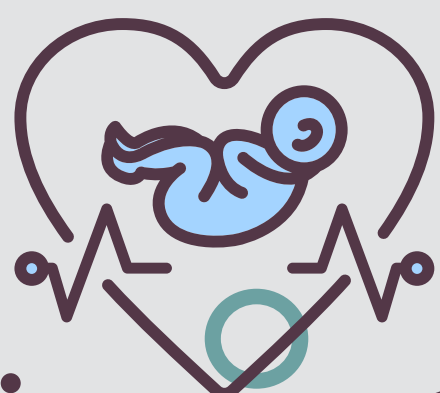
Perinatal codes are ONLY for newborn records — maternal records use Chapter 15 codes for pregnancy-related complications.

QUICK TIPS



CHAPTER 17

Congenital Malformations & Chromosomal Abnormalities (Q00-Q99)



Present at Birth

- Use these codes for structural or functional anomalies identified at or after birth.
- Even if diagnosed later, if congenital — code here!

Chromosomal Abnormalities

- Includes conditions like Down syndrome (Q90.-), Edwards syndrome, and Turner syndrome.
- Be sure to capture any associated manifestations.

QUICK TIPS

Congenital Organ & Limb Abnormalities

- Includes cleft palate, heart defects, neural tube defects, limb deformities, etc.
- Document specific location, severity, and laterality when applicable.

Combo Codes

If the congenital condition causes other complications, you may need additional codes for related symptoms or interventions.

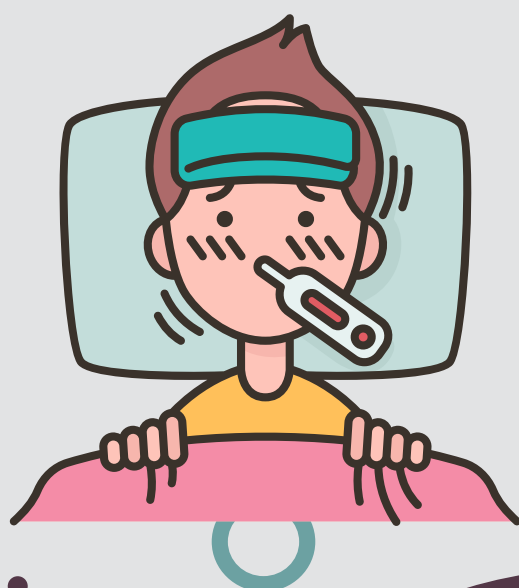
Pro Tip

Congenital does not always mean “currently symptomatic” — you still code the condition even if it's not actively causing issues!



CHAPTER 18

Symptoms, Signs & Abnormal Findings (R00-R99)



Pain Coding

- Generalized pain falls here (ex: chest pain, abdominal pain, headache).
- For site-specific pain, always check if a more specific code exists elsewhere first.

Excludes 1

Many signs & symptoms have Excludes1 notes directing you to the correct diagnosis chapter if one is confirmed.

Vital Signs & General Findings

Includes abnormal blood pressure readings, palpitations, abnormal labs, fevers, and general symptoms like fatigue or malaise.

When to Use R Codes

- Use when a definitive diagnosis is not established, but signs, symptoms, or abnormal findings are documented.
- Only use these when no more specific code is available.

Abnormal Lab & Diagnostic Findings

Use these codes for abnormal findings that don't yet have a confirmed diagnosis (ex: abnormal liver enzymes, abnormal imaging results).

Pro Tip

R codes are typically temporary — if a definitive diagnosis becomes known later, update the coding accordingly!

QUICK TIPS



CHAPTER 19

Injury, Poisoning & External Causes (S00-T88)



Details

- Document exact location, laterality, type of injury (fracture, laceration, burn, etc.), and severity.
- Fractures require details like displaced vs. nondisplaced, open vs. closed, and encounter type.

Poisoning & Toxic Effects

- Be sure to document intent (accidental, intentional self-harm, assault, undetermined).
- Don't forget to code for adverse effects or underdosing when applicable.

Complications of Care

Use T80-T88 codes for surgical and medical complications, including infections, device issues, and allergic reactions.

7th Characters

- **A** = Initial encounter (Active Treatment)
- **D** = Subsequent encounter (Healing Phase)
- **S** = Sequela (late effect) (after condition has healed)

Pro Tip

Always code as specifically as documentation allows — the more detailed, the more accurate your injury coding will be!

CHAPTER 20

External Causes of Morbidity (V00-Y99)



Multiple Codes

- You may need several codes to fully describe the event.
- Use place and activity codes when documented.

External Causes (The “How”)

These codes explain:

- **Cause** (fall, motor vehicle accident, burn, etc.)
- **Activity** (sports, leisure, working, etc.)
- **Place of occurrence** (home, work, public area, etc.)
- **Intent** (accidental, intentional, assault, etc.)



Sequencing

- External cause codes are secondary — they never stand alone.
- First code the injury or condition; then add external cause codes to provide full context.



Pro Tip

While not always required for reimbursement, external cause codes add valuable information for research, public health data, and risk management — and are often required by facility policies!

CHAPTER 20

Factors Influencing Health Status (Z00-Z99)



Routine Screenings

- Use Z00.- codes for general exams and check-ups.
- Z12.- for cancer screenings (mammograms, colonoscopies, etc.).
- Remember: screenings vs. diagnostic — pick the correct code based on documentation.

Aftercare & Follow-up

- Use Z47-Z48 for post-surgical care and follow-up visits.
- Document the reason for follow-up clearly!

Pro Tip

Z codes can be used as primary or secondary codes depending on the encounter — always check payer rules and coding guidelines!

Obstetric Supervision Codes

- Routine pregnancy supervision falls under Z34.-
- High-risk supervision uses Z35.-

History Codes

Personal history (Z85-Z87)

Family history (Z80-Z84)

These codes show risk factors even if the condition is no longer present.

Social Determinants of Health (SDOH)

Z55-Z65 codes capture important non-medical factors like housing, employment, and social support issues — often underused but very valuable.

QUICK TIPS



CHAPTER 22

Special Purposes (U00–Y85)



National & International Use

Some U codes are reserved for research, data collection, or regional use and may not be applicable in all coding scenarios.

Emerging Diseases & Public Health Reporting

- U07.1 — COVID-19
- Other U codes may be assigned as new diseases, syndromes, or global health threats are identified.
- Always follow official coding guidance for these rapidly updated codes.

QUICK TIPS

Official Guidelines

Since Chapter 22 codes are updated as new situations arise, it's critical to refer to the most current ICD-10-CM updates and addenda.



Pro Tip

Chapter 22 may be small — but it's always evolving. Watch for updates every year to stay compliant with new coding additions!