To find the correct code for a symptom, sign, or test result, pay close attention to ICD-10’s exclusion, code-first, and inclusion notes.

ICD-10 Coding for the Undiagnosed Problem

Cindy Hughes, CPC, CFPC

In some ways, ICD-10 coding is very much like ICD-9 coding but with more options, as the previous articles in this series have demonstrated. (See the series overview on page 18.) This article explains how to report symptoms, signs, and test results in the absence of a confirmed diagnosis.

Under both ICD-9 and ICD-10, if your diagnosis is noted as “probable” or any other term that means a diagnosis has not been established, you may not report the code for the suspected condition. However, you may report codes for any symptoms, signs, or test results. (For inpatient stays, facilities may report suspected conditions documented at the time of discharge.) In ICD-10, most of these codes are found in Chapter 18, “Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified” (codes R00-R99); however, some symptoms are classified in the chapter for the affected body system, such as otalgia (found in category H92.0) and pain in a joint (found in category M25.5). This is a good reason to let the alphabetic index guide you to the correct chapter when manually selecting codes.

Most sign and symptom codes in Chapter 18 are categorized by body system, general symptoms, and abnormal findings of laboratory, imaging, and other studies. There are also codes for signs and symptoms involving speech and voice, and codes related to cognition, perception, emotional state, and behavior.

Some of the sign and symptom codes are straightforward and simple, such as R09.82 for postnasal drip. Others are part of a subcategory of codes that provide more information, such as the site of the symptom or modifying factors. For example, category R59 includes codes for enlarged lymph nodes based on whether the condition is localized (R59.0), generalized (R59.1), or unspecified (R59.9).

YES, ICD-10 IS DELAYED. NO, YOU SHOULDN’T STOP PREPARING.

The Protecting Access to Medicare Act, signed by President Obama in March, included a measure to delay ICD-10 implementation until Oct. 1, 2015, or possibly later. Although you may be breathing a sigh of relief, don’t let the ICD-10 delay cause you to put off the work of getting your practice ready for the inevitable. For help, see the articles in FPM’s ICD-10 series listed on page 18.

About the Author

Cindy Hughes is an independent consulting editor in Tonganoxie, Kan., and a contributing editor to Family Practice Management. Author disclosure: no relevant financial affiliations disclosed.
Three guidelines, four notes

There are three general guidelines to follow for reporting signs and symptoms in ICD-10:

1. When no diagnosis has been established for an encounter, code the condition or conditions to the highest degree of certainty, such as symptoms, signs, abnormal test results, or other reason for the visit.

2. If signs and symptoms are associated routinely with a disease process, do not assign codes for them unless otherwise instructed by the classification.

3. If signs and symptoms are not associated routinely with a disease process, go ahead and assign codes for them.

ICD-10 then offers additional guidance, in the form of exclusion, code-first, and inclusion notes, to direct you to the correct codes.

**Excludes1 notes** indicate that the condition listed in the note is not included and should not be reported in conjunction with the code it is excluded from. In other words, the codes are mutually exclusive. For example, category R59 for enlarged lymph nodes has an excludes1 note indicating that lymphadenitis cannot also be reported:

R59 Enlarged lymph nodes

- Excludes1 Acute lymphadenitis (L04.-)
- Chronic lymphadenitis (I88.1)
- Lymphadenitis (NOS) (I88.9)
- Mesenteric (acute) (chronic) lymphadenitis (I88.0)

**Excludes2 notes** indicate that the condition listed in the note is not included with the code it is excluded from, but a patient may have both conditions at the same time; therefore, both codes may be reported. In other words, they are not mutually exclusive. For example, category R07 for pain in throat and chest has an excludes2 note indicating that jaw pain and pain in breast are not included with this code but may be reported separately:

R07 Pain in throat and chest

- Excludes2 Jaw pain (R68.84)
- Pain in breast (N64.4)

An excludes2 note also appears at the beginning of Chapter 18:

Chapter 18. Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)

- Excludes2 Abnormal findings on antenatal screening of mother (O28.-)
  - Certain conditions originating in the perinatal period (P04-P96)
  - Signs and symptoms classified in the body system chapters
  - Signs and symptoms of breast (N63, N64.5)

Each of the above conditions may be reported in addition to any symptoms, signs, or test results listed in Chapter 18, with the condition that was chiefly responsible for the...
### COMMON ICD-10 CODES FOR SIGNS AND SYMPTOMS

**Abdominal pain**
- Generalized (not severe) R10.84
- Acute (severe) R10.10
- Right upper quadrant pain R10.11
- Left upper quadrant pain R10.12
- Epigastric pain R10.13
- Right lower quadrant pain R10.31
- Left lower quadrant pain R10.32
- Periumbilical pain R10.33

**Abdominal swelling/mass/lump**
- Intra-abdominal and pelvic R19.00
- Right upper quadrant R19.01
- Left upper quadrant R19.02
- Right lower quadrant R19.03
- Left lower quadrant R19.04
- Periumbilic R19.05
- Epigastric R19.06
- Generalized R19.07

**Abdominal tenderness**
- Right upper quadrant R10.811
- Left upper quadrant R10.812
- Right lower quadrant R10.813
- Left lower quadrant R10.814
- Periumbilic R10.815
- Epigastric R10.816
- Generalized R10.817

**Abdominal rebound tenderness**
- Right upper quadrant R10.821
- Left upper quadrant R10.822
- Right lower quadrant R10.823
- Left lower quadrant R10.824
- Periumbilic R10.825
- Epigastric R10.826
- Generalized R10.827

**Anorexia** R63.0

**Ascites, malignant** R18.0*

**Bleeding, rectal** K62.5

**Blood in stool**
- Melena K92.1
- Occult R19.5

**Chest pain**
- Other (anterior) R07.89
- Unspecified R07.9

**Cheyne-Stokes/periodic breathing** R06.3

**Chronic fatigue syndrome** R53.82

**Cough** R05

**Crying infant, excessive** R68.11

**Diarrhea** NOS R19.7

**Dizziness/vertigo** NOS R42

**Dysphagia**
- Oral phase R13.11
- Oropharyngeal phase R13.12
- Pharyngeal phase R13.13
- Pharyngoesophageal phase R13.14
- Other R13.19
- Unspecified R13.10

**Dysuria** R30.0

**Edema**
- Localized R60.0
- Generalized R60.1

**Effusion, unspecified joint** M25.40

**Epistaxis** R04.0

**Failure to thrive**
- Child R62.51
- Newborn P92.6

**Fatigue** NOS R53.83

**Fecal incontinence, full NOS** R15.9

**Feeding difficulties, infant/elderly** R63.3

**Fever**
- Presenting with conditions classified elsewhere R50.81*
- Unspecified R50.9
- Gas/bloating R14.0
- Glycosuria R81
- Headache R51
- Heartburn R12
- Hematemesis K92.0
- Hemoptyis R04.2
- Hepatomegaly NOS R16.0
- Hiccough R06.6
- Hoarseness R49.0
- Hyperventilation R06.4
- Hypoxemia R09.02

**Incontinence/enuresis NOS** R32

**Lack of normal physiological development** R62.50

**Libido, decreased** R68.82

**Lymphadenopathy** NOS R59.1

**Malaise** NOS R59.31

**Mammogram, abnormal** R92.8

**Memory loss** R41.3

**Mental status changes, unspecified** R41.82

**Murmur, cardiac, unspecified** R01.1

**Nausea**
- Without vomiting R11.0
- With vomiting R11.2

**Nocturia** R35.1

**Other ill-defined condition** R69

**Pain**
- Low back M54.5
- Right shoulder M25.511
- Left shoulder M25.512
- Right elbow M25.521
- Left elbow M25.522
- Right wrist M25.531
- Left wrist M25.532
- Right hip M25.551
- Left hip M25.552
- Right knee M25.561
- Left knee M25.562
- Right ankle/foot M25.571
- Left ankle/foot M25.572

**Pain, chronic**
- Trauma G89.21
- Post-thoracotomy G89.22
- Other post-op G89.28
- Other G89.29

**Pain, neoplasm related** G89.3

**Palpitations** R00.2

**Polyuria NOS** R35.8

**Proteinuria, unspecified** R80.9

**Rash NOS** R21

**Seizure**
- Simple febrile R56.00
- NOS R56.9

**Semicoma/stupor** R40.1

**Sensory disturbance, skin** R20.9

**Shock, unspecified** R57.9

**Shortness of breath** R06.02

**Skin mass/lump/swelling**
- Head R22.0
- Neck R22.1
- Trunk R22.2
- Right upper limb R22.31
- Left upper limb R22.32
- Bilateral upper limb R22.33
- Right lower limb R22.41
- Left lower limb R22.42
- Bilateral lower limb R22.43

**Splenomegaly NOS** R16.1

**Sweating, excessive** R61

**Syncope and collapse** R55

**Urinary frequency/micturition** R35.0

**Urinary urgency** R39.15

**Vomiting without nausea** R11.11

**Walking difficulty** R26.2

**Wheeze** R06.2

*Another code should be reported before this one.
encounter listed first. For instance, if a patient is seen for pain in the lumbar region (M54.5, covered under the third exclusion listed above, “signs and symptoms classified in the body system chapters”) and also has a complaint of chronic fatigue (R53.82, listed in Chapter 18), both codes can be reported.

**Code-first notes** instruct you to do just that: Report another code first. For example, code R53.0, neoplastic (malignant) related fatigue, is followed by a note instructing that the code for the associated neoplasm should be reported first, with code R53.0 reported as a secondary diagnosis:

R53.0 Neoplastic (malignant) related fatigue
Code first associated neoplasm

**Inclusion notes** are also provided under some codes, giving you a list of terms to help identify conditions reported with the code. For example, code R73.09, other abnormal glucose, has the following inclusion terms: abnormal glucose NOS, abnormal nonfasting glucose tolerance, latent diabetes, and prediabetes.

Inclusion terms are also helpful in confirming the correct code for specific indications. For example, code R75, inconclusive laboratory evidence of human immunodeficiency virus (HIV), is followed with this inclusion term: Nonconclusive HIV-test finding in infants.

This instruction does not limit the reporting of code R75 because inclusion terms are not necessarily exhaustive.

**Multiple notes.** Some codes contain more than one of the above notes. For example, for a fluency disorder in conditions classified elsewhere (R47.82), the code-first note indicates that this code is reported secondarily to the code for the underlying disease or condition. Also, code R47.82 would not be reported for or in conjunction with codes for adult onset or childhood onset fluency disorders or fluency disorder occurring as a late effect of cerebrovascular disease, according to the excludes1 note. These notes are displayed as follows:

R47.82 Fluency disorder in conditions classified elsewhere

- Code first underlying disease or condition, such as: Parkinson’s disease (G20)
- **Excludes1** Adult onset fluency disorder (F98.5)
  - Childhood onset fluency disorder (F80.81)
  - Fluency disorder (stuttering) following cerebrovascular disease (I69. with final characters -23)

Each instruction reinforces the general guidelines regarding reporting signs and symptoms only if they are not routinely associated with a disease and are not represented by other codes.

**Common codes in family medicine**

Now that you understand the basic ICD-10 guidance regarding symptoms, signs, and test results, take a look at some of the codes you’re most likely to use in family medicine. The list on page 19 includes ICD-10 codes for the signs and symptoms included on FPM’s ICD-9 “short list” (available at http://www.aafp.org/fpm/icd9) with a bit more specificity where sites are included. Many of the codes have inclusion or exclusion notes in the ICD-10 manual. It may be helpful to become familiar with these codes while preparing for the change from ICD-9 to ICD-10.

Though it’s unlikely to cause you R42, dizziness and giddiness, familiarizing yourself with ICD-10 now may prevent R41.0, disorientation, R45.0, nervousness, and R45.4, irritability and anger, when the code set goes into effect.  

Send comments to fpmedit@aafp.org, or add your comments to the article at http://www.aafp.org/fpm/2014/0500/p17.html.