



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.

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

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 condi-

tion 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

■ An excludes1 note means two codes are mutually exclusive; you cannot report both.

■ An excludes2 note means two codes are not mutually exclusive; you may report both.

COUNTDOWN TO ICD-10

ARTICLES IN FPM'S ICD-10 SERIES

You can access the following articles in FPM's ICD-10 topic collection:
<http://www.aafp.org/fpm/icd10>.

"How to Document and Code for Hypertensive Diseases in ICD-10," FPM, March/April 2014.

"10 Steps to Preparing Your Office for ICD-10 – Now," FPM, January/February 2014.

"Getting Ready for ICD-10: How It Will Affect Your Documentation," FPM, November/December 2013.
Includes a special section on how to code diabetes mellitus under ICD-10.

"The Anatomy of an ICD-10 Code," FPM, July/August 2012.

"ICD-10: What You Need to Know Now," FPM, March/April 2012.

Upcoming articles will include the following topics:

Preventive services in ICD-10,

Upper respiratory system coding in ICD-10,

Lower respiratory system coding in ICD-10,

Sprains, strains, and automobile (accidents).

COMMON ICD-10 CODES FOR SIGNS AND SYMPTOMS

Abdominal pain	Pharyngeal phase R13.13	Pain
Generalized (not severe) R10.84	Pharyngoesophageal phase R13.14	Low back M54.5
Acute (severe) R10.10	Other R13.19	Right shoulder M25.511
Right upper quadrant pain R10.11	Unspecified R13.10	Left shoulder M25.512
Left upper quadrant pain R10.12	Dysuria R30.0	Right elbow M25.521
Epigastric pain R10.13	Edema	Left elbow M25.522
Right lower quadrant pain R10.31	Localized R60.0	Right wrist M25.531
Left lower quadrant pain R10.32	Generalized R60.1	Left wrist M25.532
Periumbilical pain R10.33	Effusion, unspecified joint M25.40	Right hip M25.551
Abdominal swelling/mass/lump	Epistaxis R04.0	Left hip M25.552
Intra-abdominal and pelvic R19.00	Failure to thrive	Right knee M25.561
Right upper quadrant R19.01	Child R62.51	Left knee M25.562
Left upper quadrant R19.02	Newborn P92.6	Right ankle/foot M25.571
Right lower quadrant R19.03	Fatigue NOS R53.83	Left ankle/foot M25.572
Left lower quadrant R19.04	Fecal incontinence, full NOS R15.9	Pain, chronic
Periumbilic R19.05	Feeding difficulties, infant/elderly R63.3	Trauma G89.21
Epigastric R19.06	Fever	Post-thoracotomy G89.22
Generalized R19.07	Presenting with conditions	Other post-op G89.28
Abdominal tenderness	classified elsewhere R50.81*	Other G89.29
Right upper quadrant R10.811	Unspecified R50.9	Pain, neoplasm related G89.3
Left upper quadrant R10.812	Gas/bloating R14.0	Palpitations R00.2
Right lower quadrant R10.813	Glycosuria R81	Polyuria NOS R35.8
Left lower quadrant R10.814	Headache R51	Proteinuria, unspecified R80.9
Periumbilic R10.815	Heartburn R12	Rash NOS R21
Epigastric R10.816	Hematemesis K92.0	Seizure
Generalized R10.817	Hemoptysis R04.2	Simple febrile R56.00
Abdominal rebound tenderness	Hepatomegaly NOS R16.0	NOS R56.9
Right upper quadrant R10.821	Hiccough R06.6	Semicoma/stupor R40.1
Left upper quadrant R10.822	Hoarseness R49.0	Sensory disturbance, skin R20.9
Right lower quadrant R10.823	Hyperventilation R06.4	Shock, unspecified R57.9
Left lower quadrant R10.824	Hypoxemia R09.02	Shortness of breath R06.02
Periumbilic R10.825	Incontinence/enuresis NOS R32	Skin mass/lump/swelling
Epigastric R10.826	Lack of normal physiological	Head R22.0
Generalized R10.827	development R62.50	Neck R22.1
Anorexia R63.0	Libido, decreased R68.82	Trunk R22.2
Ascites, malignant R18.0*	Local enlarged lymph nodes R59.0	Right upper limb R22.31
Bleeding, rectal K62.5	Lymphadenopathy NOS R59.1	Left upper limb R22.32
Blood in stool	Malaise NOS R53.81	Bilateral upper limb R22.33
Melena K92.1	Mammogram, abnormal R92.8	Right lower limb R22.41
Occult R19.5	Memory loss R41.3	Left lower limb R22.42
Chest pain	Mental status changes, unspecified	Bilateral lower limb R22.43
Other (anterior) R07.89	R41.82	Splenomegaly NOS R16.1
Unspecified R07.9	Murmur, cardiac, unspecified R01.1	Sweating, excessive R61
Cheyne-Stokes/periodic breathing R06.3	Nausea	Syncope and collapse R55
Chronic fatigue syndrome R53.82	Without vomiting R11.0	Urinary frequency/micturition R35.0
Cough R05	With vomiting R11.2	Urinary urgency R39.15
Crying infant, excessive R68.11	Nocturia R35.1	Vomiting without nausea R11.11
Diarrhea NOS R19.7	Other ill-defined condition R69	Walking difficulty R26.2
Dizziness/vertigo NOS R42		Wheezing R06.2
Dysphagia		
Oral phase R13.11		
Oropharyngeal phase R13.12		

*Another code should be reported before this one.

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.

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 cere-

brovascular 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. **FPM**

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

■ ICD-10 also includes notes to indicate when another code must be reported first.

■ Inclusion notes can help you identify conditions included in the code.

■ A list of codes for signs and symptoms common in family medicine are provided within this article.