CODEX

CODING DECODED

Chapter 1 — Certain Infectious & Parasitic Diseases

A Condensed Quick-Reference Guide for Coding Students (A00–B99, U07.1, U09.9)

A. HIV Infections

Human Immunodeficiency Virus (HIV) coding hinges on provider documentation, not lab confirmation.

1. Code Only Confirmed Cases

- Provider's diagnostic statement that the patient is HIV positive or has an HIV-related illness is sufficient — positive serology/culture documentation is NOT required.
- Exception to the general hospital inpatient guideline (Section II.H).

2. HIV Disease / AIDS Documented

- “AIDS,” “HIV disease,” or any condition resulting from HIV+ status → assign B20.

3. Admitted for an HIV-Related Condition

- B20 as principal diagnosis, followed by codes for all reported HIV-related conditions.
- Exception: HIV-associated hemolytic-uremic syndrome → D59.31 first, then B20.

4. HIV+ Patient Admitted for Unrelated Condition

- Code the unrelated condition (e.g., injury) as principal diagnosis.
- B20 + HIV-related condition codes reported as secondary diagnoses.

5. New vs. Prior Diagnosis

- Whether HIV was newly diagnosed or previously known does not affect sequencing.

6. Asymptomatic HIV

- “HIV positive” / “HIV test positive” with no symptoms or related illness → Z21.

7. Inconclusive HIV Serology

- May be coded R75.

8. Previously Diagnosed HIV Illness

- Always code B20 on every subsequent encounter once an HIV-related illness has developed.
- Never revert to R75 or Z21 once B20 applies.

9. HIV in Pregnancy, Childbirth & Puerperium

- Symptomatic HIV disease/illness → O98.7 + B20 + codes for the related illness(es); Chapter 15 codes always sequenced first.
- Asymptomatic/HIV+ → O98.7 + Z21.

10. Encounters for HIV Testing

- No signs/symptoms → Z11.4 (+ codes for any high-risk behavior).
- Signs/symptoms present → code the signs/symptoms, not Z11.4; add Z71.7 if counseling is also given.
- Follow-up visit, result negative → Z71.7.

11. Managed on Antiretroviral Medication

- HIV disease/illness/AIDS → B20.
- HIV+ asymptomatic → Z21.
- Add Z79.899 for long-term antiretroviral drug therapy.

12. HIV Pre-Exposure Prophylaxis (PrEP)

- Encounter for PrEP administration → Z29.81 + any applicable HIV risk-factor codes.

B & C. Organism Codes & Antibiotic Resistance

1. Infectious Agents as Cause of Disease Classified Elsewhere

- When another chapter's infection code doesn't identify the organism, add a code from B95 (Strep/Staph/Enterococcus), B96 (other bacteria), or B97 (viral agents) to identify it.
- Look for the instructional note at the infection code confirming an additional organism code is needed.

2. Infections Resistant to Antibiotics

- Add a code from category Z16 (Resistance to antimicrobial drugs) after the infection code — only if the infection code itself doesn't already capture the resistance.

D. Sepsis, Severe Sepsis & Septic Shock

Sepsis coding always starts with the underlying systemic infection — sequencing depends on timing, organ dysfunction, and cause.

1. Sepsis

- Code the underlying systemic infection; organism not specified → A41.9.
- Negative/inconclusive blood cultures don't rule out sepsis — query if clinical picture is unclear.
- “Urosepsis” is nonspecific, has no default code, and always needs a provider query.
- R65.2 (severe sepsis) only if severe sepsis or an associated acute organ dysfunction is documented.

2. Sepsis with Organ Dysfunction

- Organ dysfunction associated with sepsis → follow severe sepsis coding rules.
- Organ dysfunction clearly due to another condition → don't assign R65.2; query if the link is unclear.

3. Severe Sepsis

- Minimum two codes: underlying infection (A41.9 if organism unknown) + R65.2, plus a code for each acute organ dysfunction.

4. Septic Shock

- Code the systemic infection first, then R65.21 (or T81.12 for postprocedural septic shock) + any other organ-dysfunction codes.
- Septic shock code can never be the principal diagnosis.

5. Sequencing of Severe Sepsis

- Present on admission & meets principal-diagnosis criteria → infection first, R65.2 second.
- Develops after admission → both infection and R65.2 coded as secondary diagnoses.
- R65.2 itself can never be principal diagnosis.

6. Sepsis/Severe Sepsis with a Localized Infection

- Admission reason is sepsis + localized infection (e.g., pneumonia) → systemic infection first, localized infection secondary (+ R65.2 if severe).
- Localized infection present on admission, sepsis develops later → localized infection first, then sepsis codes.

7. Sepsis Due to a Postprocedural Infection

- Code the infection site first (T81.41–T81.43/T81.49, or O86.0x), then T81.44 (or O86.04) for the sepsis, then the organism code; add R65.2 + organ-dysfunction codes if severe.
- Postprocedural septic shock → same sequence + T81.12 (not R65.21).

8. Sepsis with a Noninfectious Process (e.g., Trauma, Burn)

- Sequence per whichever condition (noninfectious process or infection) meets principal-diagnosis criteria; either may lead if both qualify.
- Only one R65 code is ever assigned — don't add R65.1 (SIRS, noninfectious) alongside R65.2.

9. Hemolytic-Uremic Syndrome with Sepsis

- D59.31 as principal diagnosis; underlying infection and any severe sepsis codes as secondary.

E. Methicillin-Resistant Staph Aureus (MRSA)

1. Combination Codes for MRSA Infection

- A combination code exists (e.g., A41.02 sepsis due to MRSA, J15.212 pneumonia due to MRSA) → use it alone.
- Do NOT add B95.62 or a Z16.11 code — the combination code already captures organism + resistance.

2. Other MRSA Infections (No Combination Code)

- Code the condition + B95.62 (MRSA as cause of disease classified elsewhere).
- Still do not add Z16.11.

3. MSSA / MRSA Colonization

- Colonization = organism present without necessarily causing illness (e.g., “MRSA screen positive”).
- MRSA colonization → Z22.322. MSSA colonization → Z22.321.
- Not indicative of active disease unless the provider documents it as such.

4. Colonization + Active Infection Together

- Both may be coded: Z22.322 (carrier) plus the code for the active MRSA infection.

F. Zika Virus Infections

1. Code Only Confirmed Cases

- Provider's diagnostic statement is sufficient — A92.5, regardless of stated transmission mode (exception to Section II.H).
- “Suspected/possible/probable” → do not assign A92.5; code the reason for the encounter (e.g., fever, rash, joint pain) or Z20.821 (contact/suspected exposure).

G. Coronavirus (COVID-19) Infections

COVID-19 coding follows the same “confirmed diagnosis” principle as HIV and Zika, with detailed rules for manifestations, exposure, and sequelae.

1. Code Only Confirmed Cases

- Provider documentation of COVID-19, or a positive test result, is sufficient for U07.1 — no specific test type needs to be documented (exception to Section II.H).
- “Suspected/possible/probable/inconclusive” → do not assign U07.1; code the signs/symptoms instead.

2. Sequencing

- When COVID-19 meets principal-diagnosis criteria, U07.1 is sequenced first, followed by manifestation codes — unless another guideline (obstetrics, sepsis, transplant) overrides.

3. Respiratory Manifestations

- U07.1 as principal + the specific manifestation code: pneumonia (J12.82), acute bronchitis (J20.8, or J40 if NOS), lower respiratory infection NOS (J22) or respiratory infection NOS (J98.8), ARDS (J80), acute respiratory failure (J96.0-).

4. Non-Respiratory Manifestations

- U07.1 as principal + code(s) for the specific manifestation (e.g., viral enteritis).

5. Exposure to COVID-19 (No Infection)

- Actual/suspected exposure, asymptomatic or symptomatic-but-ruled-out → Z20.822.

6. Screening for COVID-19

- Including pre-operative testing → Z11.52.

7. Symptoms Without a Definitive Diagnosis

- Code the presenting signs/symptoms individually (e.g., R05.1 cough, R06.02 shortness of breath, R50.9 fever).
- Add Z20.822 if exposure is also documented.

8. Asymptomatic Positive Test, No Provider Diagnosis

- Query the provider — false positives are possible, and diagnosis confirmation is the provider's responsibility.

9. Personal History of COVID-19

- Z86.16.

10. Follow-Up After Resolved COVID-19

- No residual symptoms, test negative → Z09 + Z86.16.

11. Antibody Testing

- Not for confirming active infection or as post-resolution follow-up → Z01.84.

12. Multisystem Inflammatory Syndrome (MIS)

- With active COVID-19 → U07.1 + M35.81.
- With history of COVID-19 → M35.81 + U09.9.
- With exposure only (no active infection/history) → M35.81 + Z20.822.
- Add codes for any associated MIS complications.

13. Post COVID-19 Condition (Sequela)

- Code the specific symptom/condition (if known) + U09.9.

- Never use U09.9 for manifestations of an active (current) infection.
- New active infection alongside a lingering post-COVID condition → U07.1 + U09.9 + both sets of manifestation codes.

14. Underimmunization for COVID-19

- Unvaccinated → Z28.310. Partially vaccinated (per CDC guidance at time of encounter) → Z28.311.

High-Yield Points for Exam Prep

Confirmed = Provider's Word: HIV, Zika, and COVID-19 all use the same rule — the provider's documented statement is enough; no lab report required.

Sepsis Minimum: Severe sepsis always needs ≥ 2 codes — underlying infection + R65.2 — plus a code for each organ dysfunction.

Septic Shock: Never a principal diagnosis; always sequenced after the systemic infection code.

MRSA Combination Codes: If a combination code exists (e.g., A41.02), don't add B95.62 or Z16.11 — it's already built in.

COVID-19 Sequela: U09.9 is for lingering post-COVID symptoms only — never for an active, current infection.

Always Query: "Urosepsis," unclear organ-dysfunction links, and unclear postprocedural relationships all warrant a provider query.