CODEX

CODING DECODED

Chapter 18: Symptoms, Signs & Abnormal Findings

ICD-10-CM Official Guidelines (R00–R99) — Quick Reference for Students

CODING DECODED

Chapter 18 covers symptoms, signs, abnormal results of clinical/lab tests, and ill-defined conditions with no diagnosis confirmed elsewhere. Signs and symptoms pointing to a specific diagnosis are classified in other chapters.

1. Use of Symptom Codes

- Acceptable for reporting when the provider has not established (confirmed) a related definitive diagnosis.

2. Symptom Code With a Definitive Diagnosis

- **May report both** when the sign/symptom is **not** routinely associated with that diagnosis (e.g., signs of a complex syndrome).
- **Sequencing:** definitive diagnosis code first, symptom code second.
- **Do not** add a code for a symptom that is routinely associated with the disease process, unless the classification instructs otherwise.

3. Combination Codes That Include Symptoms

- Some ICD-10-CM codes identify both the definitive diagnosis and its common symptom(s) together.
- When a combination code is used, do not assign a separate code for the symptom.

4. Repeated Falls

- **R29.6 Repeated falls —** patient has recently fallen; reason under investigation.
- **Z91.81 History of falling —** patient fell in the past and is at risk of falling again.
- Both codes may be assigned together when appropriate.

5. Coma

- **R40.20 Unspecified coma —** cause unknown, OR cause is TBI but the coma scale is not documented.

Do Not Report: unspecified coma or individual/total GCS codes for a medically induced coma or a sedated patient.

Coma Scale (R40.21–R40.24)

- Used with traumatic brain injury (TBI) codes; cannot be used with R40.2A (nontraumatic coma due to underlying condition).
- Primarily for trauma registries, but usable in any setting that collects this data.
- Sequence coma scale codes after the diagnosis code(s).
- Need one code from each of the 3 subcategories to complete the scale; the 7th character (timing) must match across all three.
- Assign R40.24- (total score) only when just the total score is documented, not the individual scores.
- Minimum: report the initial score at presentation (EMT or ED); a facility may choose to capture multiple scores.
- If several scores are captured within the first 24 hours of admission, code only the score at admission — scores taken ≥24 hours later are not classified.
- See guideline I.B.14 for coma scale documentation by clinicians other than the patient's provider.

6. Functional Quadriplegia

- **Guideline deleted** effective October 1, 2017 — no longer applicable.

7. SIRS Due to a Non-Infectious Process

- SIRS can develop from non-infectious processes such as trauma, malignant neoplasm, or pancreatitis.

- If SIRS is due to a non-infectious condition with **no subsequent infection:** code the underlying condition first, then R65.10 (without acute organ dysfunction) or R65.11 (with acute organ dysfunction).
- If organ dysfunction is documented, also code the specific organ dysfunction(s) in addition to R65.11.

Query the Provider: when it's unclear if documented organ dysfunction is linked to SIRS or to another cause (e.g., the trauma itself).

8. Death NOS

- **R99 Ill-defined and unknown cause of mortality —** only for a patient who is already dead when brought to a facility and pronounced dead on arrival.
- Does not represent discharge disposition of death.

9. NIH Stroke Scale (NIHSS)

- R29.7- codes are used with acute stroke codes (I60–I63) to record neurological status and stroke severity.
- Sequence stroke scale codes after the acute stroke diagnosis code(s).
- Minimum: report the initial score documented; multiple scores may be captured if desired.