CODEX

CODING DECODED

ICD-10-CM Conventions & General Coding Guidelines

A Condensed Quick-Reference Guide for Coding Students

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Chapter Map — ICD-10-CM at a Glance

The full classification is organized into 22 chapters. Section I (Conventions & General Guidelines) below applies across all of them.

Ch.	Code Range	Body System / Topic
1	A00–B99	Certain Infectious and Parasitic Diseases
2	C00–D49	Neoplasms
3	D50–D89	Diseases of Blood/Blood-Forming Organs & Immune Mechanism
4	E00–E89	Endocrine, Nutritional and Metabolic Diseases
5	F01–F99	Mental, Behavioral and Neurodevelopmental Disorders
6	G00–G99	Diseases of the Nervous System
7	H00–H59	Diseases of the Eye and Adnexa
8	H60–H95	Diseases of the Ear and Mastoid Process
9	I00–I99	Diseases of the Circulatory System
10	J00–J99	Diseases of the Respiratory System
11	K00–K95	Diseases of the Digestive System
12	L00–L99	Diseases of the Skin and Subcutaneous Tissue
13	M00–M99	Diseases of the Musculoskeletal System & Connective Tissue
14	N00–N99	Diseases of the Genitourinary System
15	O00–O9A	Pregnancy, Childbirth and the Puerperium
16	P00–P96	Certain Conditions Originating in the Perinatal Period
17	Q00–Q99	Congenital Malformations, Deformations & Chromosomal Abnormalities
18	R00–R99	Symptoms, Signs & Abnormal Clinical/Lab Findings, NEC
19	S00–T88	Injury, Poisoning & Certain Other Consequences of External Causes
20	V00–Y99	External Causes of Morbidity
21	Z00–Z99	Factors Influencing Health Status & Contact with Health Services
22	U00–U85	Codes for Special Purposes

Section I.A — Conventions for the ICD-10-CM

General rules for using the classification, independent of the guidelines. They live throughout the Alphabetic Index and Tabular List as instructional notes.

1. Alphabetic Index & Tabular List

- Alphabetic Index: alphabetical list of terms and codes (Index of Diseases, Index of External Causes, Table of Neoplasms, Table of Drugs & Chemicals).
- Tabular List: codes arranged in chapters by body system/condition.
- Always verify the Index selection against the Tabular List before finalizing a code.

2. Format & Structure

- Categories = 3 characters; subcategories = 4–5 characters; codes = 3–7 characters.

- A 3-character category is a valid code only if it has no further subdivision.
- A code requiring a 7th character is invalid without it.

3. Use of Codes for Reporting

- Only full codes are reportable — never a category or subcategory alone. Include the 7th character whenever applicable.

4. Placeholder Character "X"

- Used to fill empty character positions so a 7th character lands correctly (e.g., T36–T50 poisoning/adverse effect codes).
- Required for the code to be considered valid wherever a placeholder exists.

5. 7th Characters

- Applies to certain categories; required for every code in that category unless the Tabular List says otherwise.
- Must always sit in the 7th position — use "X" placeholders to pad codes shorter than 6 characters.

6. Abbreviations

- NEC — "Not elsewhere classifiable" = other specified.
- NOS — "Not otherwise specified" = unspecified.

7. Punctuation

- [ ] Brackets — synonyms/alternate wording (Tabular List) or manifestation codes (Alphabetic Index).
- ( ) Parentheses — nonessential modifiers; present or absent without changing the code.
- : Colon — term is incomplete until one of the following modifiers applies.
- , Comma — alternate wording / modifier in the Alphabetic Index.

8. Use of "And"

- In a code title, "and" means "and/or."
  Example: *"Tuberculosis of bones and joints" (A18.0) covers bones alone, joints alone, or both.*

9. "Other" and "Unspecified" Codes

- "Other/other specified" — documentation gives detail, but no specific code exists (Index shows NEC).
- "Unspecified" — documentation doesn't give enough detail to pick a more specific code.

10. Includes Notes

- Appear under a 3-character code to further define or give examples of that category's content.

11. Inclusion Terms

- List the conditions assigned to a code (synonyms, or — for "other specified" codes — the various conditions grouped there).
- Not exhaustive; the Alphabetic Index may list additional assignable terms.

12. Excludes Notes

- Excludes1 = "NOT CODED HERE." The two codes are never used together — except when the two conditions are clearly unrelated to each other.
- Excludes2 = "Not included here." The excluded condition isn't part of this code, but both may be coded together if the patient has both.
  Example: *F45.8 excludes G47.63 (Excludes1) for teeth grinding, but G47.63 can still be reported alongside F45.8 for an unrelated condition like psychogenic dysmenorrhea.*

13. Etiology/Manifestation Convention

- "Use additional code" (at the etiology code) + "code first" (at the manifestation code) fix the sequence: underlying cause first, manifestation second.

- Manifestation codes (often titled “in diseases classified elsewhere”) can never be principal/first-listed.
- In the Alphabetic Index, the manifestation code appears second, in brackets.

14. “And” in Titles

- Interpreted as “and/or” wherever it appears in a code title.

15. “With” / “In”

- Read as “associated with” or “due to.” A causal link is presumed even without the provider explicitly stating it — unless documentation says the conditions are unrelated, or a guideline requires an explicit link (e.g., sepsis with organ dysfunction).
- In the Alphabetic Index, “with” subterms are sequenced right after the main term, not alphabetically.

16. “See” and “See Also”

- “See” — you must go to the referenced main term to find the code.
- “See also” — optional; check only if the original term doesn’t already give you what you need.

17. “Code Also” Note

- Signals that two codes may be needed to fully describe a condition, but does not dictate sequencing — that depends on the encounter.

18. Default Codes

- The code listed right next to a main term in the Index — represents the most common form of that condition, or its unspecified code, when no further detail is documented.

19. Code Assignment & Clinical Criteria

- Based on the provider’s documented diagnostic statement, not the clinical criteria the provider used to reach it.
- Query the provider whenever documentation conflicts.

Section I.B — General Coding Guidelines

1. Locating a Code

- Find the term in the Alphabetic Index first, then verify in the Tabular List — never code from the Index alone.
- A dash (–) after an Index entry means more characters are required; even without a dash, always confirm in the Tabular List whether a 7th character applies.

2. Level of Detail in Coding

- Report to the highest number of characters available and the highest specificity documented.
- A 3-character code is valid only when it isn't subdivided further; otherwise the code is invalid.

3. Codes A00.0–T88.9, Z00–Z99.8, U00–U85

- Used to report diagnoses, symptoms, conditions, problems, or other reasons for the encounter.

4. Signs and Symptoms

- Reportable when a definitive diagnosis hasn't yet been established.
- Most (not all) live in Chapter 18 (R00–R99).

5. Integral Signs/Symptoms

- Don't code separately when routinely part of the diagnosed condition, unless the classification instructs otherwise.

6. Non-Integral Signs/Symptoms

- Code separately when they are not routinely associated with the diagnosis.

7. Multiple Coding for a Single Condition

- "Use additional code" = add a secondary code if known.
- "Code first" = sequence the underlying condition ahead of this one.
- "Code, if applicable, any causal condition first" = usable as principal diagnosis only when the cause is unknown.

8. Acute and Chronic Conditions

- If both acute and chronic forms are documented and the Index has separate subentries at the same level, code both — acute/subacute sequenced first.

9. Combination Code

- One code capturing two diagnoses, a diagnosis + manifestation, or a diagnosis + complication.
- Use the combination code alone when it fully captures the picture; add a secondary code only if detail is still missing.

10. Sequela (Late Effects)

- The residual condition after the acute phase has resolved — no time limit applies.
- Sequence: residual condition first, sequela code second (unless the sequela code already includes the manifestation).
- Never pair an acute-phase code with its own late-effect code.

11. Impending or Threatened Condition

- If it occurred, code as confirmed.
- If it didn't occur, check the Index for an "impending/threatened" subentry — if none exists, code only the underlying condition(s).

12. Reporting the Same Code More Than Once

- Each unique code is reported only once per encounter — including bilateral conditions without laterality-specific codes.

13. Laterality

- Code left/right/bilateral as documented.
- No combined code + bilateral condition → report both the left and right codes.
- Side not documented → use the unspecified-side code.

14. Documentation by Other Clinicians

- Code assignment normally requires the treating provider's own documentation.
- Exceptions (may come from other clinicians): BMI, pressure/non-pressure ulcer stage or depth, coma scale, NIHSS, blood alcohol level, laterality, SDOH, underimmunization status, firearm injury intent.
- The associated diagnosis itself (e.g., obesity, stroke) must still be confirmed by the provider.

15. Syndromes

- Follow Alphabetic Index guidance first.
- No Index guidance → code the documented manifestations individually.

16. Documentation of Complications of Care

- Requires a documented cause-and-effect relationship between the care/procedure and the condition — the word "complication" itself isn't required.
- Query the provider when that relationship is unclear.

17. Borderline Diagnosis

- Coded as confirmed at discharge, unless ICD-10-CM has a specific "borderline" entry for that condition (e.g., borderline diabetes).

18. Use of Sign/Symptom/Unspecified Codes

- Legitimate and sometimes necessary — code to the level of certainty actually known.
- Use "unspecified" when detail isn't available rather than guessing a more specific code or ordering unnecessary tests to get one.

19. Hurricane / Disaster Encounters

- Assign external cause codes (e.g., X37.0- Hurricane) for injuries; sequenced ahead of other external cause codes except abuse/terrorism.
- Add relevant Z codes (e.g., Z59.5 extreme poverty, Z75.1 awaiting facility placement) as needed.
- Never assign external cause codes as principal/first-listed diagnosis.

20. Multiple Sites Coding

- Follow chapter-specific guidance first.
- No chapter guidance → code each documented site individually, or use a "multiple sites" code when individual sites aren't specified.

High-Yield Points for Exam Prep

Excludes1 vs Excludes2: Excludes1 = never code together (unless truly unrelated). Excludes2 = both can be coded together.

"With" / "In": Assume a causal link unless documentation says otherwise, or a guideline requires an explicit link.

7th Character Rule: Always occupies the 7th position — pad short codes with placeholder "X."

Specificity: Always code to the highest number of characters supported by documentation.

Sequela Sequencing: Residual condition first, sequela code second — never pair with the acute-phase code.

Query When Unsure: Conflicting documentation, unclear complications, or ambiguous “impending/threatened” terms all warrant a provider query.