OPTUM360®

DESK REFERENCE

Coders' Desk Reference for ICD-10-CM Diagnoses

Clinical descriptions with answers to your toughest ICD-10-CM coding questions

2021

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Contents

additional, more specific information at subsequent levels (subcategory and code). In this case, the category level lay description provides important information related to sickle-cell disorders, of which Hb-SS disease is one type. The category level lay description also describes the various types of crisis associated with sickle cell disorders because crisis and crisis manifestations are components of all types of sickle cell disorders described as "with crisis."

It is important that the user not only review the information at the specific code level but also refer to the subcategory and category levels within which a code is classified for a full understanding of the disease process.

Code Ranges

Lay descriptions may be written for a single category, subcategory, or code or for a range of codes. Code ranges are used when two or more categories, subcategories, and/or codes share a similar disease process and the lay description applies to all the codes in the range.

When a range applies, two or more categories, subcategories, and/or codes are listed along with their official ICD-10-CM descriptions. The lay description follows the last code in the range. In addition, the same formatting is used to differentiate valid codes in the range from codes that require additional characters. Valid codes do not have a dash appended while invalid codes are displayed with a dash (-). In the example below, code H90.0, all codes under the subcategory H90.1-, and code H90.2 represent the disease process of conductive hearing loss and have been grouped together in a range with a single lay description.

Example: Code range with both valid and invalid codes

H9Ø.Ø Conductive hearing loss, bilateral

H9Ø.1- Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side

H9Ø.2 Conductive hearing loss, unspecified

Conductive hearing loss is the inability of sound waves to move from the outer (external ear) to the inner ear. This may be due to things like a blocked external auditory canal, fluid or abnormal bone growth in the middle ear, or a rupture of the eardrum. Each of these conditions in some way limits the movement of the structures in the middle ear, inhibiting transmission of the sound wave from the middle ear to the inner ear.

Although the sound is typically not distorted, the sounds are much quieter. The most common cause of conductive hearing loss in children and adults is otitis media infection and otosclerosis respectively.

Focus Point

Some lay descriptions are followed by *Focus Point* information. The *Focus Point* sections provide additional information that differentiate between clinically similar disease processes and/or provide coding guidance that cannot be easily garnered from the index or tabular section of the official ICD-10-CM code book.

Example: Focus point differentiating between similar disease processes

A74.81 Chlamydial peritonitis

Chlamydial peritonitis is a complication of female pelvic inflammatory disease caused by *Chlamydia trachomatis* infection. It is characterized by inflammation of the peritoneum, which is the membrane that lines the intraabdominal wall. In some cases, the membrane covering the liver also becomes inflamed (perihepatitis) causing a condition called Fitzhugh-Curtis disease, which is also classified here. Symptoms include severe upper right quadrant abdominal pain, fever, chills, and headache.

Focus Point

Fitzhugh-Curtis Syndrome can be classified to two different codes depending on the causal infection. Infection caused by Chlamydia trachomatis is classified to A74.81 Chlamydial peritonitis in contrast to infection caused by Neisseria gonorrhoeae which is classified to code A54.85 Gonococcal peritonitis.

Example: Focus point providing coding guidance

AØ2.Ø Salmonella enteritis

Salmonella enteritis, also known as salmonella gastroenteritis, is an infection of the gastrointestinal tract that is caused by the ingestion of contaminated foods, eggs and poultry being the most common sources. Symptoms typically occur within hours to two days and typically last no more than seven days even without the use of antibiotics.

Focus Point

Dehydration (E86.Ø) is a complication of Salmonella enteritis and should be reported additionally when documented.

Prefixes and Suffixes

The uniquely efficient language of medicine is possible thanks to the prefixes and suffixes attached to roots. Changing prefixes and suffixes allows subtle and overt changes in meaning of the terms. The following prefixes and suffixes are paired with their meanings.

Prefixes

Prefixes are one half of the medical language equation and are attached to the beginning of words. For example, the prefix "eu-," meaning good or well, combined with the Greek word for death, "thanatos," produces euthanasia — a good death.

a-, an-	without, away from, not
ab-	from, away from, absent
acanth(o)-	thorny, spine
acro-	extremity, top, highest point
ad-	indicates toward, adherence to, or increase
adeno-	relating to a gland
adip(o)-	relating to fat
aero-	relating to gas or air
agglutin-	stick together, clump
alb-	white in color
alge(si)-	awareness to pain
all(o)-	indicates difference or divergence from the norm
ambi-	both sides; about or around (also amphi-)
ambly-	dull, dimmed
an-	without
andro-	male
angi-	relating to a vessel
aniso-	dissimilar, unequal, or asymmetrical
ankylo-	bent, crooked, or two parts growing together
ante-	in front of, before
antero-	before, front, anterior
anti-	in opposition to, against
antro-	relating to a chamber or cavity
aphth(o)-	ulcer
arch-	beginning, first, principal (also arche-, archi-)
archo-	relating to the rectum or anus
arterio-	relating to an artery
arthro-	relating to a joint
astro-	star-like or shaped
atelo-	incomplete or imperfect
auto-	relating to the self
axio-	relating to an axis (also axo-)
balano-	relating to the glans penis or glans clitoridis
baro-	relating to weight or heaviness
basi-	relating to the base or foundation (also basio-)
bi-	double, twice, two
blasto-	relating to germs
blenn-	relating to mucus (also blenno-)
blepharo-	relating to the eyelid
brachi-	relating to the arm (also brachio-)
brachy-	short
brady-	meaning slow or prolonged
broncho-	relating to the trachea
bucc(o)-	relating to the cheek
cac-	meaning diseased or bad (also caci-, caco-)
cardio-	relating to the heart
cari(o)-	rot, decay
carpo-	relating to the wrist
cathar(o)-	purging, cleansing
cata-	down from, down, according to
caud(o)-	lower part of body
celo-	indicating a tumor or hernia; cavity
cervico-	relating to the neck or neck of an organ
chilo-	relating to the lip (also cheilo-)
chole-	relating to the gallbladder
choledocho-	relating to the common bile duct
chondr(o)-	relating to cartilage
chromo-	color
cirrho-	yellow in color
cleid(o)-	relating to the clavicle
coel-	cavity, ventricle
coen(o)-	common, shared
cole(o)-	sheath

Abbreviations, Acronyms, and Symbols

The acronyms, abbreviations, and symbols used by health care providers speed communications. The following list includes the most often seen acronyms, abbreviations, and symbols. In some cases, abbreviations have more than one meaning. Multiple interpretations are separated by a slash (/). Abbreviations of Latin phrases are punctuated.

<	less than
>	greater than
@	at
6-PGD	deficiency of 6 phosphogluconate dehydrogenase
A	assessment/blood type
a (ante)	before
a fib	atrial fibrillation
a flutter	atrial flutter
A2	aortic second sound
AA	aggregative adherence
AAA	abdominal aortic aneurysms
AAL	anterior axillary line
AAMI	age-associated memory impairment
AAROM	active assistive range of motion
ATT	alpha-1 antitrypsin
ab	abortion
AB	blood type
abd	abdomen
ABE	acute bacterial endocarditis
ABG	arterial blood gas
abn.	abnormal
ABO	referring to ABO incompatibility
ACA	Affordable Care Act
ACC	American College of Cardiology
ACD	absolute cardiac dullness
ACDMPV	alveolar capillary dysplasia with misalignment of pulmonary veins
ACE	angiotensin converting enzyme/ adrenal cortical extract
ACL	anterior cruciate ligament
ACLS	advanced cardiac life support
aCML	atypical chronic myeloid leukemia
ACP	acid phosphatase
acq.	acquired
ACS	acute coronary syndrome
ACTH	adrenocorticotropic hormone
ACVD	acute cardiovascular disease
a.d.	right ear/to, up to
ADA	adenosine deaminase
ADD	attention deficit disorder
ADE	acute disseminated encephalomyelitis
ADH	antidiuretic hormone
ADHD	attention deficit hyperactivity disorder
ADL	activities of daily living
adm	admission, admit
ADM	alcohol, drug or mental disorder
ADO	autosomal dominant osteopetrosis
ADP	adenosine diphosphate
AE	above the elbow
AED	antiepileptic drugs
AF	atrial fibrillation
AFB	acid fast bacilli
AFF	atypical femoral fracture
AFH	angiofollicular lymph node hyperplasia
AFP	alpha-fetoprotein
A/G	albumin-globulin ratio
AGA	appropriate (average) for gestational age
AGC	atypical glandular cells
AGN	acute glomerulonephritis
AgNO3	silver nitrate
AGUS	atypical glandular cells of undetermined significance
AHA	American Heart Association/American Hospital Association
AHC	acute hemorrhagic conjunctivitis
AHIMA	American Health Information Management Association
AHTR	acute hemolytic transfusion reaction
AI	aortic insufficiency/aromatase inhibitor
AICD	automatic implant cardioverter defibrillator

Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)

This chapter covers diseases caused by infectious and parasitic organisms, which include diseases generally recognized as communicable or transmissible. Only a small percentage of organisms in the environment cause disease. Most bacteria, viruses, fungi, and other microorganisms found in the external environment (e.g., air, water, and soil) or the internal environment (e.g., on or within our bodies) are harmless or even beneficial. Disease is caused almost exclusively by microorganisms that are human pathogens, also referred to as pathogenic microorganisms, except in persons or hosts whose immune systems are weakened, which allows normally harmless microorganisms to cause opportunistic infections.

This chapter is organized primarily by the type of infectious organism or parasite, such as infections caused by bacteria, viruses, and mycoses and parasitic diseases caused by protozoa and helminthes. There are also some code blocks organized by site of infection, such as intestinal infectious diseases, and other code blocks organized by mode of transmission, such as infections with a predominantly sexual mode of transmission, arthropod-borne viral fevers, and viral hemorrhagic fevers.

The chapter is broken down into the following code blocks:

A00-A09	Intestinal infectious diseases
A15-A19	Tuberculosis
A20-A28	Certain zoonotic bacterial diseases
A30-A49	Other bacterial diseases
A50-A64	Infections with a predominantly sexual mode of transmission
A65-A69	Other spirochetal diseases
A70-A74	Other diseases caused by chlamydiae
A75-A79	Rickettsioses
A80-A89	Viral infections of the central nervous system
A90-A99	Arthropod-borne viral fevers and viral hemorrhagic fevers
B00-B09	Viral infections characterized by skin and mucous membrane lesions
B10	Other human herpesviruses
B15-B19	Viral hepatitis
B20	Human immunodeficiency virus [HIV] disease
B25-B34	Other viral diseases
B35-B49	Mycoses
B50-B64	Protozoal diseases
B65-B83	Helminthiases
B85-B89	Pediculosis, acariasis and other infestations
B90-B94	Sequelae of infectious and parasitic diseases
B95-B97	Bacterial and viral infectious agents
B99	Other infectious diseases

There are a few infectious conditions that are excluded from this chapter, including certain localized infections that are classified in specific body-system chapters. For example:

- Suppurative otitis media is classified in Chapter 8 Diseases of the Ear and Mastoid Process
- Influenza and other acute respiratory infections are classified in Chapter 10 Diseases of the Respiratory System
- Pyogenic arthritis is classified in Chapter 13 Diseases of the Musculoskeletal System and Connective Tissue

Intestinal Infectious Diseases (A00-A09)

Intestinal infectious diseases are caused primarily by ingestion of contaminated food or water. Less common means of infection include handling contaminated food products or other contaminated items or coming in direct contact with infected animals.

The first symptoms of intestinal infectious diseases usually involve the gastrointestinal tract and may include abdominal pain or cramping, nausea, vomiting, and/or diarrhea, although some microorganisms may produce other initial symptoms. For example, *Clostridium botulinum* causes foodborne botulism poisoning and often produces neurological symptoms initially.

Intestinal infections usually remain localized to the intestinal tract and often resolve without medical treatment. In most cases, infections requiring treatment only need supportive care such as replacement of lost fluids and maintenance of electrolyte balance. In some cases, particularly the very young, the elderly, or individuals with immune system disorders or chronic health conditions, a localized

B00.3 Herpesviral meningitis

Meningitis is inflammation of the membranes that cover the brain and spinal cord. Symptoms of meningitis include fever, light sensitivity, headache, and a stiff neck.

B00.4 Herpesviral encephalitis

Approximately 10 percent of all encephalitis cases are caused by herpes simplex virus 1 or 2. Encephalitis is an infection or inflammation of the brain. Symptoms include those seen in meningitis—fever, light sensitivity, headache, and a stiff neck—along with other neurological symptoms suggesting brain involvement, such as seizures, confusion, personality and behavior changes, sleepiness, and coma.

B00.5- Herpesviral ocular disease

Both strains of herpes simplex virus, HSV-1 and HSV-2, can cause infections involving the eye and ocular adnexa, but the majority is caused by HSV-1. The infection is spread by direct contact or from the mouth to the eye via the trigeminal nerve. Most symptomatic infections involving the eye are believed to be secondary infections caused by reactivation of the virus in the trigeminal ganglion. The most common manifestations of HSV ocular disease is conjunctivitis.

B00.51 Herpesviral iridocyclitis

Iridocyclitis is an infection or inflammation of the iris and ciliary body, also referred to as anterior uveitis. Iridocyclitis presents with a red painful eye, sensitivity to light (photophobia), and tearing or drainage from the eye.

B00.52 Herpesviral keratitis

Keratitis is an inflammation of the cornea. In herpes simplex virus infections, the inflammation is characterized by dendritic lesions that begin as small raised vesicles in the corneal epithelium and may progress to corneal ulcers. These may eventually penetrate the basement membrane of the corneal epithelium. Further damage, including corneal erosion, persistent corneal epithelial defects, stromal erosion, and necrosis, may occur and may eventually cause corneal blindness. Symptoms of HSV keratitis include pain, sensitivity to bright light, vision changes, redness, and tearing. Aggressive treatment is required to prevent progression of the disease that may result in blindness.

B00.53 Herpesviral conjunctivitis

The most common ocular manifestation of herpesviral infection is conjunctivitis and the most common type of conjunctivitis seen in herpes simplex virus infection (HSV) is follicular. Follicular conjunctivitis is characterized by the development of follicles, which are clumps of lymphocytes that function like miniature lymph nodes in response to the infection. The follicles appear as small yellowish or grayish elevations on the conjunctiva. A less common form is dendritic conjunctivitis, which affects the epithelial cells of the conjunctiva. Both strains of herpes simplex virus, HSV-1 and HSV-2, can cause conjunctivitis, but the majority is caused by HSV-1. The infection is spread by direct contact or from the mouth to the eye via the trigeminal nerve. Most symptomatic infections involving the eye are believed to be secondary infections caused by reactivation of the virus in the trigeminal ganglion.

B00.59 Other herpesviral disease of eye

Herpesviral manifestations affecting the eyelid including dermatitis and blepharitis are included here.

B00.7 Disseminated herpesviral disease

Disseminated herpesviral disease caused by Herpes simplex 1 or 2 (HSV-1 or HSV-2) is a rare occurrence. When disseminated or systemic manifestations do occur, they are typically found in infants or the immunosuppressed. Herpesviral sepsis is one form of disseminated disease. Sepsis is a systemic or body-wide response to an infection, in this case a viral infection. The systemic response is characterized by certain changes in body temperature, heart rate, respiratory rate or arterial blood gases, and white blood cell count. More specifically, these include elevated body temperature (usually above 101 degrees Fahrenheit) or subnormal body temperature (usually below 96.8 degrees Fahrenheit), elevated heart rate (usually above 90 beats per minute), elevated respiratory rate (usually above 20 breaths per minute) or arterial blood gases reflecting a reduced partial pressure of carbon dioxide PACO2, and an abnormal white blood cell count above 12,000 cells/microliter or below 4,000 cells/microliter or greater than 10 percent bands (immature white blood cells). Two or more of these indications and a suspected or known herpesviral infection are indicative of sepsis.

Focus Point

Documentation of viremia due to herpes simplex 1 or 2 is not sufficient to assign a code for disseminated herpesviral infection.

B00.8- Other forms of herpesviral infections

This subcategory reports other forms of herpesviral infections, including herpesviral hepatitis, herpes simplex myelitis, and herpetic whitlow.

B00.81 Herpesviral hepatitis

Herpesviral hepatitis, infection/inflammation of the liver, is a rare and often fatal complication of herpesviral infection. Those at risk include infants and pregnant women, immunocompromised patients including individuals with HIV/AIDS, cancer patients, patients with myelodysplastic disease, and individuals on steroids. In herpesviral hepatitis, there is typically a rapid onset of symptoms, which include fever, abdominal pain and loss of appetite, nausea, and

Inflammatory Diseases of the Central Nervous System (G00-G09)

Inflammatory diseases are the result of an invasion of organisms spreading from a nearby infection (e.g., a chronic sinus or middle ear infection). The bloodstream may carry the organism from other sites to the CNS or, in rare cases, head trauma or surgical procedures may introduce the organism directly into the CNS.

Bacterial infection of the CNS can result in abscesses and empyemas. CNS infections are classified according to the location where they occur. For example, a spinal epidural abscess is located above the dura mater and a cranial subdural empyema occurs between the dura mater and the arachnoid. As pus and other material from an infection accumulate, pressure is exerted on the brain or spinal cord. This pressure can damage the nervous system tissue and, without treatment, the infection can be fatal. Specific symptoms of CNS infections depend on location, but may include severe headache or back pain, weakness, sensory loss, and a fever. An individual may complain of a stiff neck, nausea or vomiting, and tiredness or disorientation. There is a potential for seizures, paralysis, or coma. The fatality rate associated with CNS infections ranges from 10 to 40 percent, and those surviving an infection may experience permanent damage, such as partial paralysis, speech problems, or seizures.

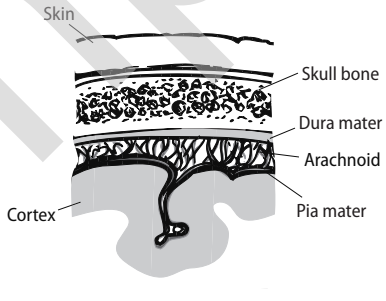
The categories in this code block are as follows:

G00	Bacterial meningitis, not elsewhere classified
G01	Meningitis in bacterial diseases classified elsewhere
G02	Meningitis in other infectious and parasitic diseases classified elsewhere
G03	Meningitis due to other and unspecified causes
G04	Encephalitis, myelitis and encephalomyelitis
G05	Encephalitis, myelitis and encephalomyelitis in diseases classified elsewhere
G06	Intracranial and intraspinal abscess and granuloma
G07	Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere
G08	Intracranial and intraspinal phlebitis and thrombophlebitis
G09	Sequelae of inflammatory diseases of central nervous system

Categories in this code block report inflammatory conditions that are primarily infectious in etiology. However, many infections and inflammatory conditions of the central nervous system are classified in Chapter 1 Certain Infectious and Parasitic Diseases, so careful review of excludes notes is required to ensure that the correct code is assigned. In addition, some inflammatory conditions of the central nervous system with noninfectious etiologies are found in other categories within the nervous system chapter.

G00.- Bacterial meningitis, not elsewhere classified

Meningitis occurs when one or more of the three meningeal membranes or the space between the membranes becomes inflamed, in this case due to a bacterial infection. Initial symptoms of bacterial meningitis are common to all types of meningitis and may include stiff neck, headache, fever, nausea and vomiting, positive Kernig' s and Brudzinski' s signs, and rash. Bacterial meningitis usually progresses rapidly resulting in more serious symptoms, such as drowsiness, alterations in sensorium, seizures, and coma. Morbidity and mortality rates from bacterial meningitis are high if the condition is not diagnosed and treated promptly.



The meninges constitute the three layers that cover the brain and spinal cord: the dura mater, pia mater, and arachnoid

Focus Point

Bacterial meningitis codes are also found in Chapter 1 Certain Infectious and Parasitic Diseases, so use of the alphabetic index and review of excludes notes are required to ensure that the correct code is assigned.

G00.0 Hemophilus meningitis

Haemophilus influenzae type b (Hib) is the most common type of bacteria in this genus to cause meningitis, most often occurring in young children. Immunizations have been effective in reducing the incidence of meningitis due to this organism.

M21.53- Acquired clawfoot

Also called "main en griffe," acquired clawfoot is characterized by a high foot arch with hyperextended toes at the metatarsophalangeal joint and flexed toes at the distal joints.

M21.54- Acquired clubfoot

Also known as "talipes equinovarus", clubfoot is an anomaly of the foot with the heel elevated and rotated outward and the toes pointing inward. This condition is most often congenital and not coded to this subcategory. Acquired clubfoot tends to develop from meningitis, cerebral palsy, damage to sciatic nerve, poliomyelitis, spinal trauma, or vascular causes.

M21.61- Bunion

A bunion is a localized friction-type bursitis located at the medial or dorsal aspect of the first metatarsophalangeal joint. Although malalignment of the foot bones, such as that seen with hallux valgus, may be present, it is not the malalignment that characterizes a bunion. It is actually the presence of hypertrophy of the medial condyle, soft tissue edema, and bursitis at the first metatarsal head. Bunions are more prevalent in women, often noted in family history, and aggravated, rather than brought on, by footwear.

Focus Point

The terms hallux valgus and bunion are often used interchangeably and until recently were classified to the same codes in subcategory M20.1- Hallux valgus (acquired). Although the two conditions can coexist, each is separate and distinct from the other, and consequently a separate subcategory was created specifically for bunion. Should the two conditions exist simultaneously, a code representing each condition would be appropriate.

M21.62- Bunionette

A bunionette (Tailor's bunion) is similar to a bunion but involves the outside of the foot where the small toe attaches to the foot. A hypertrophic lateral condyle of the fifth metatarsal head is present, with associated soft tissue edema and lateral bursitis.

M21.6X- Other acquired deformities of foot

This subcategory includes the following disorders: acquired equinus deformity, also referred to as tip-toe walking deformity, which is a plantar flexion defect that forces people to walk on their toes; acquired cavus deformity of the foot, which is characterized by an abnormally high arch; and acquired cavovarus deformity of the foot, which is the inward turning of the heel from the midline of the leg and an abnormally high longitudinal arch.

M21.86- Other specified acquired deformities of lower leg

This subcategory includes genu recurvatum, which is characterized by the hyperextension of the knees, also referred to as "back knee."

M22.- Disorder of patella

This category includes disorders of the kneecap and its supporting structures (cartilage, ligaments). It includes conditions such as recurrent dislocation (complete) or subluxation (incomplete) and chondromalacia.

M22.4- Chondromalacia patellae

This condition is the degeneration or softening of the articular cartilage of the patella.

M23.- Internal derangement of knee

Internal derangement of the knee refers to degeneration, spontaneous rupture, or other damaged structures that can be present within the knee, including old meniscal cartilage tears, ligament ruptures, or cysts or loose bodies in the knee. The subcategories represent the specific condition, site, and laterality.

Focus Point

This category does not report damage from an acute, current injury (S80-S89). This category represents derangements that are nontraumatic or are due to an old injury or tear.

M23.0- Cystic meniscus

Meniscal cysts are local collections of joint fluid within or adjacent to the meniscus, a crescent-shaped fibrous cartilage found within the knee. They are frequently associated with horizontal meniscal tears, most commonly the lateral meniscus on the outside of the knee.

M23.4- Loose body in knee

Loose body in the knee is also referred to as joint mice, rice bodies, and debris described as calcified cartilaginous (cartilage only), osseous (bony), osteocartilaginous, or fibrous particles. Osteochondritis dissecans is a common cause of loose bodies in the knee; other causes include synovial chondromatosis, osteophytes, fractured articular surfaces, and damaged menisci.

M24.- Other specific joint derangements

This category reports damage incurred to joints, cartilage, or ligaments that is not due to any current injury. This category includes conditions such as loose bodies and tears or instability due to old injuries of other joints and joint structures other than the knee, recurrent subluxations, pathological dislocations, contractures, and ankylosis of joints. Subcategories represent the specific condition, site, and laterality.