Guide to Clinical Validation, Documentation and Coding

Validating code assignments with clinical documentation

2017 ICD-10
A full suite of resources including the latest code set, mapping products, and expert training to help you make a smooth transition. www.optumcoding.com/ICD10
Candidiasis

B37.2  Candidiasis of skin and nail
B37.41  Candidal cystitis and urethritis
B37.49  Other urogenital candidiasis
B37.7  Candidal sepsis
T80.211A  Bloodstream infection due to central venous catheter
T83.51XA  Infection and inflammatory reaction due to indwelling urinary catheter, initial encounter
T83.59XA  Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system, initial encounter

Diagnosis:  *Candida* (candidosis) (monilial); sepsis (disseminated) (systemic) (candidemia); urinary tract infection (unspecified) (pyelonephritis) (candiduria); UTI due to CVC, indwelling catheter, cystostomy catheter

**Note:** This clinical review is limited to *Candida* infections related to sepsis/candidemia, urinary tract infections/candiduria, and diaper rash.

**Discussion**

*Candida* is a yeast fungal microorganism and some species are endogenous or part of the body's normal flora in certain surface areas and organs. Pathogenic infection, candidiasis, develops when certain conditions promote overgrowth. The conditions that promote overgrowth are predisposing factors or high-risk physiological factors: damaged skin, antibiotic (broad-spectrum) use, which alters the body's normal flora, immunocompromised state (AIDS, chemotherapy, cancer/leukemia, transplant status, dialysis status, steroid use), burns, diabetes, neutropenic state, presence of invasive or indwelling catheter, CVC, or urinary stent, low birth weight newborn, ICU patient, xerostomia, extremes of age, female, bladder dysfunction/stasis or urinary tract obstruction/abnormality, urinary tract instrumentation.

**Excluded**

- Neonatal candidiasis, see P37.5.
- Sepsis due to *non-Candida albicans* is reported with B48.8 Other specified mycoses.

Candidemia is the fourth most common nosocomial (hospital acquired) bloodstream infection in the U.S. and two species, *C. glabrata* and *C. albicans*, are the most prevalent. *C. tropicalis* candidemia is frequently seen in leukemia and s/p bone marrow/stem cell transplant patients and *C. parapsilosis* in vascular catheters. Candiduria with *C. parapsilosis* is common in the presence of indwelling urinary catheters or stents. An emerging pathogen is *C. rugosa* in hospitalized patients, causing sepsis and UTI associated with catheters.

Sepsis due to *Candida* is also known as disseminated or systemic Candidiasis and reported using B37.7 Candidal sepsis. Sepsis due to fungus is not located in category A41 Other sepsis,
Control of Hemorrhage, Postprocedural

Control. Stopping or attempting to stop, postprocedural bleeding.

Control/Anatomical Regions, General

Control/Anatomical Regions, Upper Extremities

Control/Anatomical Regions, Lower Extremities

Procedure: (initial) (successful) control of post-op bleed/hemorrhage (not requiring a more definitive root operation procedure of bypass, detachment, excision, extraction, reposition, replacement or resection)

Discussion

ICD-10-PCS defines the root operation Control as, “stopping, or attempting to stop, postprocedural bleeding.” Procedures that fall under root operation Control include:

- Irrigating or evacuating a hematoma at the operative site
- Ligation of arterial bleeders
- Cautery or fulguration of hemorrhage with blood clot evacuation
- Drainage at previous operative site to stop bleeding
- Tamponade (i.e., balloon inflation)
- Vasopressin injection or infusion
- Silver nitrate instillation, irrigation, or chemical cautery with sticks
- Oversewing
- Packing
- Absorbable Hemostats (i.e., SURGICEL®, Arista™ AH)
- Bakri balloon

The site of the bleeding is coded as an anatomical region and not to a specific body part. For example, control of post-tonsillectomy hemorrhage is reported with 0W33XZZ Control bleeding in oral cavity and throat, external approach.

According to ICD-10-PCS guideline B3.7, if an initial attempt to stop postprocedural bleeding is unsuccessful, and another definitive procedure is performed to stop the bleeding either at the same or a subsequent operative session, with root operations such as Bypass, Detachment, Excision, Extraction, Reposition, Replacement, or Resection, then that root operation is coded instead of Control.

Example:

Resection of spleen to stop postprocedural bleeding is coded to Resection instead of Control.

If the objective of the procedure is to evacuate a clot, rather than to stop bleeding, the correct root operation is Extirpation, defined as taking or cutting out solid matter from a body part.

Control of intraoperative bleeding, rather than postoperative, is integral and inherent to the procedure and should not be coded separately.

* Indicates the ICD-10-PCS table where the remainder of the code is constructed.
### Sedimentation Rate-Increased Level

**Reference Range:** Male 0-20 mm/hr; Female 0-30 mm/hr

**Hospital Range:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Signs &amp; Symptoms</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer of stomach</td>
<td>Weakness, constipation, abdominal pain, anorexia, weight loss, hematemesis, melena</td>
<td>Chemotherapy, radiation therapy, surgery, pain medications</td>
</tr>
<tr>
<td>Endocarditis, bacterial</td>
<td>Skin lesions, weight loss, weakness, sweating, fever, heart murmur</td>
<td>Intravenous fluids, antibiotic therapy</td>
</tr>
<tr>
<td>Infarction, myocardial, acute, initial episode of care</td>
<td>Severe chest pain, gallop rhythm and other cardiac arrhythmias, shortness of breath, diaphoresis</td>
<td>Continuous monitoring, O₂ therapy, pain medication, intravenous fluids, intravenous medications, possible resuscitation</td>
</tr>
<tr>
<td>Infections (acute)</td>
<td>Fever, malaise, chills</td>
<td>Intravenous fluids, antibiotic therapy</td>
</tr>
</tbody>
</table>

### Serum Glutamic-Oxaloacetic Transaminase (SGOT)-Increased Level

**Reference Range:** 0-35 Units/L

**Hospital Range:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Signs &amp; Symptoms</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Embolism, pulmonary</td>
<td>Dyspnea, rales in lungs, sudden onset of substernal pain, dizziness, pallor</td>
<td>Heparin, diuretics</td>
</tr>
<tr>
<td>Failure, heart, congestive, all forms except unspecified</td>
<td>Peripheral edema, shortness of breath; cyanosis is present on occasion; heart rate is irregular; moist rales at base of lungs with productive cough; confusion is usually present</td>
<td>Sodium-restricted diet, digitalis regulation, O₂ therapy, diuretics</td>
</tr>
<tr>
<td>Infarction, myocardial, acute, initial episode of care</td>
<td>Severe chest pain, gallop rhythm and other cardiac arrhythmias, shortness of breath, diaphoresis</td>
<td>Continuous monitoring, O₂ therapy, pain medication, intravenous fluids, intravenous medications, possible resuscitation</td>
</tr>
</tbody>
</table>

### Serum Glutamic-Pyruvic Transaminase (SGPT) (ALT)-Increased Level

**Reference Range:** 0-35 Units/L

**Hospital Range:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Signs &amp; Symptoms</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infarction, myocardial, acute, initial episode of care</td>
<td>Severe chest pain, gallop rhythm and other cardiac arrhythmias, shortness of breath, diaphoresis</td>
<td>Continuous monitoring, O₂ therapy, pain medication, intravenous fluids, intravenous medications, possible resuscitation</td>
</tr>
<tr>
<td>Failure, heart, congestive, all forms except unspecified</td>
<td>Peripheral edema, shortness of breath; cyanosis is present on occasion; heart rate is irregular; moist rales at base of lungs with productive cough; confusion is usually present</td>
<td>Sodium-restricted diet, digitalis regulation, O₂ therapy, diuretics</td>
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