The following sample pages are from the 2019 edition. Updated 2020 edition sample pages will be available in the spring—we are changing some of the color bars and icons to make our 2020 edition more efficient and customer-friendly.

ICD-10-CM Expert for Home Health & Hospice
The complete official code set
Codes valid from October 1, 2019 through September 30, 2020

2020
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Lymphosarcoma A89.9
Lymphosarcoma A89.9
Lymphomatosis — see also Leukemia, chronic lymphocytic, B-cell type

Lymphoma, lymphoblastic

Lymphoma, lym-
Chapter 3. Diseases of the Blood and Blood-forming Organs  D63–D68.311

**D63** Anemia in chronic diseases classified elsewhere

**D63.0** Anemia in neoplastic disease

- Code first neoplasm (C00-D49)

  - Anemia due to antineoplastic chemotherapy (D46.88)
    - Aplastic anemia due to antineoplastic chemotherapy (D61.1)
  - Anemia due to antineoplastic chemotherapy (D64.81)

**D63.1** Anemia in chronic kidney disease

- Erythropoietin resistant anemia (EPO resistant anemia)
- Code first underlying chronic kidney disease (KD) (N18-)

**D63.2** Anemia in other chronic diseases classified elsewhere

- Code first underlying disease, such as:
  - Diphyllobothriasis (B70.0)
  - Hookworm disease (B76.8-B76.9)
  - Hypothyroidism (E00.0-E03.9)
  - Malaria (B58.8-B58.9)
  - Syphilitic meningitis (A52.79)
  - Tuberculosis (A18.89)

**D64** Other anemias

- Refractory anemia (D46.8)
- Refractory anemia with excess blasts in transformation (RAEB-T) (C92.8)

**D64.8** Hereditary sideroblastic anemia

- Sex-linked hypochromic sideroblastic anemia

**D64.9** Anemia, unspecified

- AHA: 2017, 1Q, 7

**D65** Disseminated intravascular coagulation [defibrination syndrome]

- Apltobinemia, acquired
- Consumption coagulopathy
- Diffuse or disseminated intravascular coagulation (DIC)
- Fibrinolytic hemorrhage, acquired
- Fibrinolytic purpura
- Purpura fulminans

**D66** Hemorrhagic disorders due to circulating anticoagulants

- Acquired hemophilia
  - Autoimmune hemophilia
  - Autoimmune inhibitors to clotting factors
  - Secondary hemophilia

**D67** Hereditary factor IX deficiency

- Christmas disease
  - Factor IX deficiency (with functional defect)
  - Hemophilia B
  - Plasma thromboplastin component (PTC) deficiency

**D68** Other coagulation defects

- Abnormal coagulation profile (R79.1)
- Abnormal coagulation defects complicating abortion or ectopic or molar pregnancy (D46.81)
- Hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors

**D68.1** Hereditary factor XI deficiency

- Factor XI deficiency (with functional defect)
- Hemophilia C
- Plasma thromboplastin antecedent (PTA) deficiency
- Rosenthal’s disease

**D68.2** Hereditary deficiency of other clotting factors

- AC globulin deficiency
  - Congenital afibrinogenemia
- Deficiency of factor I (Fibrinogen)
- Deficiency of factor II (prothrombin)
- Deficiency of factor V (labile)
- Deficiency of factor VII (stable)
- Deficiency of factor X (Hageman Factor)
- Deficiency of factor XII (Hageman Factor)
- Dietary deficiency of vitamin K
- Heparin-induced thrombocytopenia (HIT)
- Immune thrombocytopenia (ITP)

**D68.3** Hemorrhagic disorders due to circulating anticoagulants

- Acquired hemophilia
  - Autoimmune hemophilia
  - Autoimmune inhibitors to clotting factors
  - Secondary hemophilia

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Additional Character Req  Placeholder Alert  Case-Mix Diagnosis  Manifestation  Unspecified Dx  Not coded here  Not included here

ICD-10-CM 2020
Chapter Specific Guidelines with Coding Examples

The chapter specific guidelines from the ICD-10-CM Official Guidelines for Coding and Reporting have been provided below. Along with these guidelines are coding examples, contained in the shaded boxes, that have been developed to help illustrate the coding and/or sequencing guidance found in these guidelines.

a. Chronic obstructive pulmonary disease (COPD) and asthma

1) Acute exacerbation of chronic obstructive bronchitis and asthma

The codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation. An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.

Patient is admitted for continued IV antibiotic administration and physical therapy with diagnoses of MRSA pneumonia with acute exacerbation of COPD. Provider documentation indicates comorbid moderate persistent asthma.

J15.212 Pneumonia due to Methicillin resistant Staphylococcus aureus

J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection

J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation

J45.40 Moderate persistent asthma, uncomplicated

Explanation: ICD-10-CM uses combination codes to create organism-specific classifications for many types of pneumonia. Category J44 distinguishes between COPD that is exacerbated, COPD with acute lower respiratory infection, and COPD without mention of a complication (unspecified). When a lower respiratory infection is present and COPD is diagnosed, two codes would be required, J44.8 and the code for the infection. Sequencing will be dependent on the condition that is the focus of treatment upon admission to the post-acute setting, which in this case is the MRSA pneumonia.

An acute exacerbation is a worsening or decompensation of a chronic condition and must be specified by the provider as such. When both COPD and asthma are diagnosed and the provider reports an acute exacerbation of COPD, an acute exacerbation of asthma cannot be assumed unless specifically stated by the provider.

Exacerbation of moderate persistent asthma with status asthmaticus.

J45.42 Moderate persistent asthma with status asthmaticus

Explanation: Category J45 Asthma includes severity-specific subcategories and fifth-character codes to distinguish between uncomplicated cases, those in acute exacerbation, and those with status asthmaticus.

b. Acute respiratory failure

1) Acute respiratory failure as principal diagnosis

A code from subcategory J96.0. Acute respiratory failure, or subcategory J96.2, Acute and chronic respiratory failure, may be assigned as a principal diagnosis when it is the condition established after study to be chiefly responsible for occasioning the admission to the hospital, and the selection is supported by the Alphabetic Index and Tabular List. However, chapter-specific coding guidelines (such as obstetrics, poisoning, HIV, newborn) that provide sequencing direction take precedence.

2) Acute respiratory failure as secondary diagnosis

Respiratory failure may be listed as a secondary diagnosis if it occurs after admission, or if it is present on admission, but does not meet the definition of principal diagnosis.

Acute pneumococcal pneumonia with subsequent development of acute respiratory failure.

J13 Pneumonia due to Streptococcus pneumoniae

J96.08 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia

Explanation: Acute respiratory failure may be listed as a secondary diagnosis if it occurs after admission, or if it is present on admission but does not meet the definition of principal diagnosis.

3) Sequencing of acute respiratory failure and another acute condition

When a patient is admitted with respiratory failure and another acute condition, e.g., myocardial infarction, cerebrovascular accident, aspiration pneumonia), the principal diagnosis will not be the same in every situation. This applies whether the other acute condition is a respiratory or nonrespiratory condition. Selection of the principal diagnosis will be dependent on the circumstances of admission. If both the respiratory failure and the other acute condition are equally responsible for occasioning the admission to the hospital, and there are no chapter-specific sequencing rules, the guideline regarding two or more diagnoses that equally meet the definition for principal diagnosis (Section II, C.) may be applied in these situations.

If the documentation is not clear as to whether acute respiratory failure and another condition are equally responsible for occasioning the admission, query the provider for clarification.

c. Influenza due to certain identified influenza viruses

Code only confirmed cases of influenza due to certain identified influenza viruses (category J09), and due to other identified influenza virus (category J18). This is an exception to the hospital inpatient guideline Section II, H. (Uncertain Diagnosis).

In this context, “confirmation” does not require documentation of positive laboratory testing specific for avian or other novel influenza A or other identified influenza virus. However, coding should be based on the provider’s diagnostic statement that the patient has avian influenza, or other novel influenza A, for category J09, or has another particular identified strain of influenza, such as H1N1 or H3N2, but not identified as novel or variant, for category J18.

If the provider records “suspected” or “possible” or “probable” avian influenza, or novel influenza, or other identified influenza, then the appropriate influenza code from category J11, Influenza due to unidentified influenza virus, should be assigned. A code from category J09, Influenza due to certain identified influenza viruses, should not be assigned nor should a code from category J10, Influenza due to other identified influenza virus.

Influenza due to avian influenza virus with pneumonia.

J09.X1 Influenza due to identified novel influenza A virus with pneumonia

Explanation: Codes in category J09 Influenza due to certain identified influenza viruses should be assigned only for confirmed cases. “Confirmation” does not require positive laboratory testing of a specific influenza virus but does need to be based on the provider’s diagnostic statement, which should not include terms such as “possible,” “probable,” or “suspected.”

d. Ventilator associated pneumonia

1) Documentation of ventilator associated pneumonia

As with all procedural or postprocedural complications, code assignment is based on the provider’s documentation of the relationship between the condition and the procedure.

Code J95.851, Ventilator associated pneumonia, should be assigned only when the provider has documented ventilator associated pneumonia (VAP). An additional code to identify the organism (e.g., Pseudomonas aeruginosa, code B96.5) should also be assigned. Do not assign an additional code from categories J12-J18 to identify the type of pneumonia.

Code J95.851 should not be assigned for cases where the patient has pneumonia and is on a mechanical ventilator and the provider has not specifically stated that the pneumonia is ventilator-associated pneumonia. If the documentation is unclear as to whether the patient has a pneumonia that is a complication attributable to the mechanical ventilator, query the provider.
N18 Chronic kidney disease (CKD)
Code first any associated:
- diabetic chronic kidney disease (E88.22, E89.22, E18.22, E11.22, E13.22)
- hypertensive chronic kidney disease (I12.-, I13.-)
Use additional code to identify kidney transplant status, if applicable, (Z94.8)
AHA: 2013, 1Q, 24
TIP: CKD/ESRD occurring in an individual with a history of kidney transplant should not be assumed to be a transplant complication unless specifically indicated as such by provider documentation.
TIP: The term “chronic renal impairment” should not be interpreted as CKD or chronic renal insufficiency and should be coded as N28.9.
N18.1 Chronic kidney disease, stage 1
N18.2 Chronic kidney disease, stage 2 (mild)
N18.3 Chronic kidney disease, stage 3 (moderate)
N18.4 Chronic kidney disease, stage 4 (severe)
N18.5 Chronic kidney disease, stage 5 (end stage renal disease)
DEF: End-stage renal disease (ESRD) with GFR value of 15 ml/min or less not yet requiring chronic dialysis.
N18.6 End stage renal disease
Chronic kidney disease requiring chronic dialysis
Use additional code to identify dialysis status (Z99.2)
AHA: 2016, 3Q, 22; 2016, 1Q, 12; 2013, 4Q, 124-125
N18.9 Chronic kidney disease, unspecified
Chronic renal disease
Chronic renal failure NOS
Chronic renal insufficiency
> Chronic uremia NOS
Diffuse sclerosing glomerulonephritis NOS

N19 Unspecified kidney failure
Uremia NOS
AHA: 2017, 1Q, 5, 2015, 2Q, 8

Urolithiasis (N20-N23)
AHA: 2017, 1Q, 5

N20 Calculus of kidney and ureter
Calculous pyelonephritis
Nephrolithiasis (E83.5)
with hydronephrosis (N13.2)
N20.0 Calculus of kidney
Nephrolithiasis NOS
Renal calculus
Renal stone
Staghorn calculus
Stone in kidney
N20.1 Calculus of ureter
Ureteric stone
AHA: 2016, 3Q, 22
N20.2 Calculus of kidney with calculus of ureter
N20.9 Urinary calculus, unspecified

N21 Calculus of lower urinary tract
Calculation of lower urinary tract with cystitis and urethritis
N21.0 Calculus in bladder
Calculi in diverticulum of bladder
Urinary bladder stone
N21.1 Calculus in urethra
N21.2 Calculus of prostate (N42.8)
N21.8 Other lower urinary tract calculus
N21.9 Calculus of lower urinary tract, unspecified
N22 Calculus of urinary tract in diseases classified elsewhere
Code first underlying disease, such as:
gout (M1A.-, M1B.-)
schistosomiasis (B65.0-B65.9)
N23 Unspecified renal colic
Chapter 10. Diseases of the Respiratory System (J00–J99)