ICD-10-CM Coding Basics
Chapter Specifics

Chapter 18

Symptoms, Signs, and Abnormal Clinical Laboratory Findings

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ICD-10-CM Conventions

- General rules for use of the classification independent of the guidelines.
- Conventions and instructions of the classification takes precedence over guidelines.
- Incorporated within the Alphabetic Index and Tabular list as instructional notes.

ICD-10-CM Chapter Specifics

Chapter 18:

Symptoms, Signs, and Abnormal Clinical and Laboratory Findings (R00-R99)

- This chapter includes codes for less-well-defined conditions and symptoms that, without the necessary study of the case to establish a final diagnosis, point perhaps equally to two or more diseases or two or more systems of the body
- Until a specific diagnosis is assigned, the signs and symptoms are to be coded
- Has been expanded by the addition of new categories and the use of additional characters at the fourth, fifth, and sixth-character levels

ICD-10-CM Chapter Specifics

Chapter 18: (cont.)

- Greater specificity especially for abnormal lab findings:
  - Nonspecific Abnormal Findings on Examination of Blood and Urine without diagnosis (**R70-R82**)
  - Abnormal Findings on Examination of Other Body Fluids, Substances, and Tissues, without diagnosis (**R83-R89**)
    - Expanded to identify the specimen site and other specific information.
  - Abnormal Findings on Diagnostic Imaging and in Function Studies without diagnosis (**R90-R99**)

- ***Suspected*, *probable*, *rule-out***, and ***possible*** diagnoses cannot be coded in an outpatient setting

ICD-10-CM Chapter Specifics

Chapter 18: (cont.)

The following notations explain the purpose and use of the codes found in Chapter 18 of the ICD-10-CM. The conditions and signs or symptoms included in R00-R94 consist of:

- Cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated
- Signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined
- Provisional diagnosis in a patient who failed to return for further investigation or care
- Cases referred elsewhere for investigation or treatment before the diagnosis was made
- Cases in which a more precise diagnosis was not available for any other reason
- Certain symptoms for which supplementary information is provided that present important problems in medical care in their own right.

ICD-10-CM Chapter Specifics

Chapter 18: (cont.)

Chapter Guidelines

- Signs and symptoms are acceptable for reporting purposes when a related definitive diagnosis has not been established or confirmed by the provider.
- Codes for signs and symptoms may be reported in addition to a related definitive diagnosis when the sign and symptom is not routinely associated with that diagnosis.
- ICD-10-CM contains a number of combination codes that identify both the definitive diagnosis and common symptoms of that diagnosis. *An additional code should not be assigned for the common symptom*

ICD-10-CM Chapter Specifics

Chapter 18: (cont.)

Chapter Guidelines

- Assign code *R29.6, Repeated falls* as a diagnosis when a patient has recently fallen and the reason for the fall is being investigated.
- Code *Z91.81, History of falling*, as a diagnosis when a patient has fallen in the past and is at risk for future falls.
- *Functional quadriplegia (R53.2)* is the lack of ability to use one's limbs or to ambulate due to extreme debility. *It is not associated with neurologic deficit or injury.* It should only be assigned if the provider specifically documents this condition in the medical record.

ICD-10-CM Chapter Specifics

Chapter 18: (cont.)

Coma Scale (R40.2-)

- Assign coma scale codes in conjunction with
  - traumatic brain injury codes
  - acute cerebrovascular disease
  - sequelae of cerebrovascular disease codes.
- One from each subcategory, are needed to complete the scale
  - Coma scale, *eyes open* (R40.21-)
    - Never, to pain, to sound, spontaneous
  - Coma scale, *best verbal response* (R40.22-)
    - None, incomprehensible words, inappropriate words, confused conversation, oriented
  - Coma scale, *best motor response* (R40.23-)
    - None, extension, abnormal, flexion withdrawal, localizes pain, obeys commands

ICD-10-CM Chapter Specifics

Chapter 18: (cont.)

Coma Scale (R40.2-)

- 7th character extension indicates when the scale was recorded
- The following appropriate 7th character extension is to be added to subcategory R40.21- (Coma scale, eyes open), R40.22- (Coma scale, best verbal response), and R40.23- (Coma scale, best motor response) only
  - 0 = unspecified time
  - 1 = in the field (EMT or ambulance)
  - 2 = at arrival to emergency department
  - 3 = at hospital admission
  - 4 = 24 hours or more after hospital admission
- The 7th character extension should match for all three codes.
- Assign code R40.24-, Glasgow coma scale, total score, when only the total score is documented in the medical record and not the individual score(s).

ICD-10-CM Chapter Specifics

Chapter 18: (cont.)

- Some examples of symptoms and signs related to body systems are:
  - Shortness of breath (R06.02)
  - Epigastric pain (R10.13)
  - Cyanosis (R23.0)
  - Dysuria (R30.0)
- Some examples of Generalized signs and symptoms are:
  - Chronic fatigue (R53.82)
  - Abnormal weight loss (R63.4)
  - Fever (R50.9)
- Some examples of Abnormal Clinical and Lab findings are:
  - Red blood cell abnormalities (R71.-)
  - Proteinuria (R80.-)
  - Abnormal cytology in specimens from cervix uteri (R87.61-)
  - Inconclusive mammogram (R92.2)

ICD-10-CM Chapter Specifics

Chapter 18: (cont.)

- Many physicians already provide sufficient documentation to capture the most specific codes, but in review there is ***much more*** to the documentation process in order to capture the most specific codes in ICD-10-CM
- Referrals to a specialist or outside testing should be documented as well. The diagnosis on these referrals must ***list signs and symptoms only*** since there is not a definitive diagnosis

  A common example of this is: *Referral to Rheumatology with a diagnosis as Rheumatoid Arthritis rather than painful, swollen joints would be incorrect. Patients with an RA diagnosis must meet the DMARD requirements*

- **HINT:** When a diagnosis is submitted to an insurance company or health plan for reimbursement, that diagnosis stays with the patient for life.

  Caution should be taken when definitive diagnosis versus coding signs and symptoms