

“probable” Zika, do not assign code A92.5. Instead, assign a code(s) explaining the reason for encounter (such as fever, rash, or joint pain) or Z20.828, Contact with and (suspected) exposure to other viral communicable diseases

Multiple Coding and Sequencing

Certain infections are classified in chapters other than Chapter 1 and no organism is identified as part of the infection code. In these instances, it is necessary to use an additional code from Chapter 1 to identify the organism. For example, the following codes are to be used as an additional code to identify the organism: A code from category B95, Streptococcus, Staphylococcus, and Enterococcus, as the cause of the disease classified in other chapters; B96, Other bacterial agents as the cause of diseases classified to other chapters; or B97, Viral agents as the cause of other diseases classified to other chapters. An instructional note will be found at the infection code advising that an additional organism code is required.

For these categories, a code from another chapter is reported first to indicate the condition, and an additional code from Chapter 1 categories B95-B97 is reported to indicate the organism responsible for the condition.

Here are some examples:

- A urinary tract infection due to Escherichia coli (E. coli), site not specified, is reported with code N39.0 for the urinary tract infection, site not specified, from Chapter 14 first followed by (the organism), E. coli (B96.20) from Chapter 1. A note under code N39.0 states “Use additional code to identify organism.”
- T87.43 describes an infection of an amputation stump, right lower extremity. If the physician documents the causative organism to be staphylococcus, unspecified, (B95.8), the correct code sequence is T87.43 and then B95.8. If the documentation supports staphylococcus aureus, the correct add-on code is B95.61. If the documentation supports MRSA, the additional code is B95.62. The code from the B95 category should be sequenced right after the code for the condition and never in the primary slot.
- A patient with pulmonary insufficiency as a late effect of tuberculosis is another sequencing exception. This is reported using J98.4 (other pulmonary insufficiency) and an additional code B90.9 (sequelae of respiratory and unspecified tuberculosis).

Always remember that Includes and Excludes notes are crucial, and it is important to follow any other instructions under the code or code category.

Special Issues

HIV

Code only confirmed cases of HIV infection/illness. In this context, “confirmation” does not require documentation of positive serology or culture for HIV; the provider’s diagnostic statement that the patient is HIV positive or has an HIV-related illness is sufficient.

If the term “AIDS” or “HIV disease” is documented or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from the patient’s HIV positive status; code B20, Human immunodeficiency virus [HIV], should be assigned.

Also note the following guidelines:

- If the patient is being seen for a HIV-related condition, report B20 as the first-listed diagnosis. For example, a patient with Kaposi’s sarcoma and HIV/AIDS is reported with B20 as the first-listed diagnosis, and C46.- (Kaposi’s sarcoma) as the additional diagnosis. An exception to this guideline is if the reason for admission is hemolytic-uremic syndrome associated with HIV disease. Assign code D59.31, Infection-associated hemolytic-uremic syndrome, followed by code B20, Human immunodeficiency virus [HIV] disease.
- If the patient is being seen for a condition unrelated to the HIV, report the other condition as first-listed diagnosis. Code B20 would be reported as a secondary diagnosis.
- Code Z21 (Asymptomatic human immunodeficiency virus [HIV] infection status) when “HIV positive,” “HIV test positive,” or similar terminology is documented, and there is no documentation of symptoms or HIV-related illness.
- Patients with documentation of inconclusive HIV serology may be assigned code R75, Inconclusive laboratory evidence of human immunodeficiency virus [HIV].
- Patients with documentation of a prior diagnoses of an HIV-related illness should be coded to B20. Once a patient has developed an HIV-related illness, the patient should always be assigned code B20 on every subsequent admission/encounter. Patients previously diagnoses with any HIV illness (B20) should never be assigned to R75 or Z21, Asymptomatic human immunodeficiency virus [HIV] infection status.
- During pregnancy, childbirth or the puerperium, a patient admitted for a health care encounter because of an HIV-related illness should receive a principle diagnosis code of O98.7-, Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium, followed by the B20 and the code(s) for the HIV-related illness(es). Codes from Chapter 15, (Pregnancy, Childbirth and the Puerperium) always take sequencing priority.

SP SH B19.10 Unspecified viral hepatitis B without hepatic coma

Unspecified viral hepatitis B NOS

SP B19.11 Unspecified viral hepatitis B with hepatic coma

5 B19.2 Unspecified viral hepatitis C

SP SH B19.20 Unspecified viral hepatitis C without hepatic coma

Viral hepatitis C NOS

SP B19.21 Unspecified viral hepatitis C with hepatic coma

SP SH B19.9 Unspecified viral hepatitis without hepatic coma

Viral hepatitis NOS

Human immunodeficiency virus [HIV] disease (B20)

CODING TIPS ✓ Some states may have a prohibition against sequencing B20 as primary, or using the code at all. Look for OASIS error code +150 to indicate that state regulations are stricter than HIPAA, disallowing the code for AIDS.

H SP SH + B20 Human immunodeficiency virus [HIV] disease

INCLUDES acquired immune deficiency syndrome [AIDS]
AIDS-related complex [ARC]
HIV infection, symptomatic

Code first:

Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium, if applicable (O98.7-)

Use additional code(s) to identify all manifestations of HIV infection

EXCLUDES 1 asymptomatic human immunodeficiency virus [HIV] infection status (Z21)
exposure to HIV virus (Z20.6)
inconclusive serologic evidence of HIV (R75)

GUIDELINES Section I.C.1.a.2)(b)

If a patient is admitted for an HIV-related condition, the principal diagnosis should be B20, Human immunodeficiency virus [HIV] disease followed by additional diagnosis codes for all reported HIV-related conditions.

An exception to this guideline is if the reason for admission is hemolytic-uremic syndrome associated with HIV disease. Assign code D59.31, Infection-associated hemolytic-uremic syndrome, followed by code B20, Human immunodeficiency virus [HIV] disease.

GUIDELINES Section I.C.1.a.1)

Code only confirmed cases of HIV infection/illness: This [guideline] is an exception to the hospital inpatient guideline Section II, H. In this context, "confirmation" does not require documentation of positive serology or culture for HIV; the provider's diagnostic statement that the patient is HIV positive, or has an HIV-related illness is sufficient.

GUIDELINES Section I.C.1.a.2)(c)

If a patient with HIV disease is admitted for an unrelated condition (such as a traumatic injury), the code for the unrelated condition (e.g., the nature of injury code) should be the principal diagnosis. Code B20 would be reported as a secondary diagnosis. Codes for other documented conditions should also be reported as secondary diagnoses.

GUIDELINES Section I.C.1.a.2)(d)

Whether the patient is newly diagnosed or has had previous admissions/encounters for HIV conditions is irrelevant to the sequencing decision.

GUIDELINES Section I.C.1.a.2)(f)

Patients with documentation of inconclusive HIV serology may be assigned code R75, Inconclusive laboratory evidence of human immunodeficiency virus [HIV].

GUIDELINES Section I.C.1.a.2)(g)

Patients with documentation of a prior diagnosis of an HIV-related illness should be coded to B20. Once an HIV-related illness has developed, code B20 should always be assigned on every subsequent admission/encounter. Patients previously diagnosed with any HIV illness (B20) should never be assigned to R75, Inconclusive laboratory evidence of human immunodeficiency virus [HIV] or Z21, Asymptomatic human immunodeficiency virus [HIV] infection status.

CODING TIPS ✓ Hemolytic uremic syndrome when related to HIV is coded first followed by the HIV.

CODING TIPS ✓ HIV disease patients being managed on antiretrovirals should be assigned B20 (HIV disease) and Z79.899 (Other long term (current) drug therapy).

Other viral diseases (B25-B34)

4 B25 Cytomegaloviral disease

EXCLUDES 1 congenital cytomegalovirus infection (P35.1)
cytomegaloviral mononucleosis (B27.1-)

SP SH B25.0 Cytomegaloviral pneumonitis

SP B25.1 Cytomegaloviral hepatitis

SP B25.2 Cytomegaloviral pancreatitis

SP B25.8 Other cytomegaloviral diseases
Cytomegaloviral encephalitis

SP B25.9 Cytomegaloviral disease, unspecified

4 B26 Mumps

INCLUDES epidemic parotitis
infectious parotitis

SP B26.0 Mumps orchitis

SP B26.1 Mumps meningitis

SP B26.2 Mumps encephalitis

SP B26.3 Mumps pancreatitis

5 B26.8 Mumps with other complications

SP B26.81 Mumps hepatitis

SP B26.82 Mumps myocarditis

SP B26.83 Mumps nephritis

SP B26.84 Mumps polyneuropathy

SP B26.85 Mumps arthritis

SP B26.89 Other mumps complications

SP B26.9 Mumps without complication

Mumps NOS

Mumps parotitis NOS

4 B27 Infectious mononucleosis

INCLUDES glandular fever
monocytic angina
Pfeiffer's disease

GUIDELINES Section I.C.1.g.1)(I)

If an individual with a known or suspected exposure to COVID-19, and no current COVID-19 infection or history of COVID-19, develops MIS, assign codes M35.81, Multisystem inflammatory syndrome, and Z20.822, Contact with and (suspected) exposure to COVID-19.

CODING TIPS ✓ Assign Z20.822 for patients that are asymptomatic with a false positive COVID test. (AHA: 4Q 2021)

IQ Z20.828 **Contact with and (suspected) exposure to other viral communicable diseases**

CODING TIPS ✓ Do not use this code for actual or suspected exposure to COVID-19. Use Z20.822.

IQ Z20.89 **Contact with and (suspected) exposure to other communicable diseases****IQ** Z20.9 **Contact with and (suspected) exposure to unspecified communicable disease****IQ** Z21 **Asymptomatic human immunodeficiency virus [HIV] infection status**

HIV positive NOS

Code first:

Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium, if applicable (O98.7-)

EXCLUDES 1 acquired immunodeficiency syndrome (B20)
contact with human immunodeficiency virus [HIV] (Z20.6)
exposure to human immunodeficiency virus [HIV] (Z20.6)
human immunodeficiency virus [HIV] disease (B20)
inconclusive laboratory evidence of human immunodeficiency virus [HIV] (R75)

GUIDELINES When a patient presents during pregnancy, childbirth or the puerperium with documented asymptomatic HIV infection status or is HIV-positive, assign a code from subcategory O98.7 followed by code Z21.

GUIDELINES Section I.C.1.a.2)(g)

Patients with documentation of a prior diagnosis of an HIV-related illness should be coded to B20. Once an HIV-related illness has developed, code B20 should always be assigned on every subsequent admission/encounter. Patients previously diagnosed with any HIV illness (B20) should never be assigned to R75, Inconclusive laboratory evidence of human immunodeficiency virus [HIV] or Z21, Asymptomatic human immunodeficiency virus [HIV] infection status.

GUIDELINES Section I.C.1.a.2)(e)

When "HIV positive," "HIV test positive," or similar terminology is documented, and there is no documentation of symptoms or HIV-related illness, code Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, should be assigned.

4 Z22 **Carrier of infectious disease**

INCLUDES colonization status
suspected carrier

EXCLUDES 2 carrier of viral hepatitis (B18.-)

IQ Z22.0 **Carrier of typhoid****IQ** Z22.1 **Carrier of other intestinal infectious diseases****IQ** Z22.2 **Carrier of diphtheria****5** Z22.3 **Carrier of other specified bacterial diseases****IQ** Z22.31 **Carrier of bacterial disease due to meningococci****6** Z22.32 **Carrier of bacterial disease due to staphylococci****GUIDELINES** Section I.C.1.e.1)(c)

Assign code Z22.322 for patients documented as having MRSA colonization. Assign code Z22.321 for patient documented as having MSSA colonization. Colonization is not necessarily indicative of a disease process or as the cause of a specific condition the patient may have unless documented as such by the provider.

IQ Z22.321 **Carrier or suspected carrier of Methicillin susceptible Staphylococcus aureus MSSA colonization****IQ** Z22.322 **Carrier or suspected carrier of Methicillin resistant Staphylococcus aureus MRSA colonization****GUIDELINES** Section I.C.1.e.1)(d)

If a patient is documented as having both MRSA colonization and infection during a hospital admission, code Z22.322 and a code for the MRSA infection may both be assigned.

CODING TIPS ✓ This code should be used when "MRSA screen positive" or "nasal swab positive" is documented. Colonization by MRSA makes teaching a patient/caregiver how to do their own wound dressings more difficult and sometimes impractical.

6 Z22.33 **Carrier of bacterial disease due to streptococci****IQ** Z22.330 **Carrier of Group B streptococcus**

EXCLUDES 1 Carrier of streptococcus group B (GBS) complicating pregnancy, childbirth and the puerperium (O99.82-)

IQ Z22.338 **Carrier of other streptococcus****6** Z22.34 **Carrier of Acinetobacter baumannii****IQ** Z22.340 **Carrier of carbapenem-resistant Acinetobacter baumannii****IQ** Z22.341 **Carrier of carbapenem-sensitive Acinetobacter baumannii****IQ** Z22.349 **Carrier of Acinetobacter baumannii, unspecified****6** Z22.35 **Carrier of Enterobacterales**

Carrier of E. coli

Carrier of K. pneumoniae

IQ Z22.350 **Carrier of carbapenem-resistant Enterobacterales****IQ** Z22.358 **Carrier of other Enterobacterales**

Carrier of carbapenem-sensitive Enterobacterales

Carrier of ESBL-producing Enterobacterales

Carrier of extended-spectrum beta-lactamase producing Enterobacterales

IQ Z22.359 **Carrier of Enterobacterales, unspecified****IQ** Z22.39 **Carrier of other specified bacterial diseases****IQ** Z22.4 **Carrier of infections with a predominantly sexual mode of transmission****IQ** Z22.6 **Carrier of human T-lymphotropic virus type-1 [HTLV-1] infection****IQ** Z22.7 **Latent tuberculosis**

Latent tuberculosis infection (LTBI)