
D63  Anemia in chronic diseases classified elsewhere

D63.0  Anemia in neoplastic disease

- Code first neoplasm (C00-D49)
- anemia due to antineoplastic chemotherapy (D64.81)
- aplastic anemia due to antineoplastic chemotherapy (D61.1)

D63.1  Anemia in chronic kidney disease

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

D63.8  Anemia in other chronic diseases classified elsewhere

- Code first underlying disease, such as:
  - diphtherialaemia (B70.8)
  - hookworm disease (B76.8-B76.9)
  - hypothyroidism (E00.0-E03.9)
  - malaria (B50.8-B54)
  - symptomatic late syphilis (A52.79)

D64  Other anemias

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

D64.1  Secondary sideroblastic anemia due to disease

- Code first underlying disease

D64.2  Secondary sideroblastic anemia due to drugs and toxins

- Code first poising due to drug or toxin, if applicable (T36-T65)
  - with fifth or sixth character 1-4 or 6

D64.3  Other sideroblastic anemias

- Sideroblastic anemia NOS
- Pyridoxine-responsive sideroblastic anemia NEC

D64.4  Congenital dyserythropoietic anemia

- Dyshematopoietic anemia (congenital)
- Blackfan-Diamond syndrome (D61.81)
- Di Guglielmo’s disease (C94.8)

D64.8  Other specified anemias

- Anemia due to antineoplastic chemotherapy
  - Antineoplastic chemotherapy induced anemia
    - aplastic anemia due to antineoplastic chemotherapy (D61.1)
    - anemia in neoplastic disease (D63.8)
  - AHA: 2014, 4Q, 22
  - DEF: Reversible adverse effect of chemotherapy, causing inhibition of bone marrow production; decrease in red blood cell production prevents adequate oxygenation of the tissues and organs causing fatigue, SOB, and exacerbation of other medical conditions.

D64.9  Anemia, unspecified

- Infantile pseudoleukemia
- AHA: 2017, 1Q, 7

Coagulation defects, purpura and other hemorrhagic conditions (D65–D66)

D65  Disseminated intravascular coagulation [defibrination syndrome]

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

D66  Hereditary factor VIII deficiency

- Classical hemophilia
- Deficiency factor VIII (with functional defect)
- Hemophilia A

- Factor VIII deficiency with vascular defect (D68.8)

TIP: Do not assign to identify routine therapeutic anticoagulation effects; assign only for documented adverse effects.

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)
- coagulation defects complicating abortion or ectopic or molar pregnancy (O08.0, O08.1)
- coagulation defects complicating pregnancy, childbirth and the puerperium (O45.8, O46.8, O67.8, O72.3)

AHA: 2016, 1Q, 14

TIP: Do not assign to identify routine therapeutic anticoagulation effects; assign only for documented adverse effects.

D68.8  Von Willebrand’s disease

- Angiohemophilia
- Factor VIII deficiency with vascular defect
- Vascular hemophilia

- AHA: 2016, 1Q, 14
- DEF: Abnormal blood coagulation caused by deficient blood factor VIII; congenital symptoms include excess or prolonged bleeding.

D68.9  Hemorrhagic disorder due to circulating anticoagulants

- AC globulin deficiency
- Congenital afibrinogenemia
- Deficiency of factor I (fibrinogen)
- Deficiency of factor II (prothrombin)
- Deficiency of factor V (VWF)
- Deficiency of factor VII (stable)
- Deficiency of factor X (Stuart-Prower)
- Deficiency of factor XII (Hageman)
- Deficiency of factor XIII (fibrin stabilizing)
- Dysfibrinogenemia (congenital)
- Hypoproconvertinemia
- Owren’s disease
- Proaccelerin deficiency

D68.3  Hemorrhagic disorder due to circulating anticoagulants

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

- AHA: 2016, 1Q, 14
- DEF: Abnormal blood coagulation caused by deficient blood factor VIII; congenital symptoms include excess or prolonged bleeding.

Additional Character Req  Placeholder Alert  Case-Mix Diagnosis  Manifestation  Unspecified Dx  Not coded here  Not included here 497
Chapter 10. Diseases of the Respiratory System

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
- J44.8 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>J15.212</td>
<td>Pneumonia due to Methicillin resistant Staphylococcus aureus</td>
</tr>
<tr>
<td>J44.8</td>
<td>Chronic obstructive pulmonary disease with acute lower respiratory infection</td>
</tr>
<tr>
<td>J44.1</td>
<td>Chronic obstructive pulmonary disease with (acute) exacerbation</td>
</tr>
<tr>
<td>J45.40</td>
<td>Moderate persistent asthma, uncomplicated</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>J13</td>
<td>Pneumonia due to Streptococcus pneumoniae</td>
</tr>
<tr>
<td>J96.00</td>
<td>Acute respiratory failure, unspecified with hypoxia or hypercapnia</td>
</tr>
</tbody>
</table>

**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.

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.

- J13 Pneumonia due to Streptococcus pneumoniae
- J96.00 Acute respiratory failure, unspecified 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 J10). 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 J10.

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–N28.89 Chapter 14. Diseases of Genitourinary System

Other disorders of kidney and ureter (N25–N29)

N25 Disorders resulting from impaired renal tubular function

N25.0 Renal osteodystrophy

Azoetric osteodystrophy

Phosphate-losing tubular disorders

Renal rickets

Renal short stature

N25.1 Nephrogenic diabetes insipidus

N25.2 Nephrogenic syphillis

N26 Other disorders resulting from impaired renal tubular function

N26.1 Atrophy of kidney (terminal)

N26.2 Page kidney

N26.3 Pyelonephritis

N26.4 Pyelitis

N26.5 Renal abscess

N26.6 Renal calculus

N26.7 Renal dysplasia

N26.8 Renal rickets

N26.9 Other disorders of kidney and ureter, not elsewhere classified

N27 Small kidney of unknown cause

N27.0 Small kidney, unilateral

N27.1 Small kidney, bilateral

N27.2 Small kidney, unspecified

N27.3 Reflux nephropathy

N27.4 Renal dysplasia (infantile)

N27.5 Renal dysplasia (congenital)

N27.6 Specific congenital or developmental anomalies

N27.7 Hypertrophy of kidney

N27.8 Hypertrophy of kidney with polycystic disease

N27.9 Other specified disorders of kidney and ureter

N28 Other disorders of kidney and ureter, not elsewhere classified

N28.0 Ischemia and infarction of kidney

N28.1 Acute renal failure

N28.2 Chronic renal failure

N28.3 Renal failure of unknown cause

N28.4 Nephrolithiasis

N28.5 Other disorders of kidney and ureter

N28.6 Other specified disorders of kidney and ureter

N28.7 Other conditions complicating kidney and ureter disease

N28.8 Other specified conditions affecting kidney and ureter

N28.9 Other specified disorders of kidney and ureter

Urolithiasis (N28–N29)

AHA: 2016, 1Q, 12; 2013, 4Q, 12; 2015, 2Q, 8

N20 Calculus of kidney and ureter

N20.0 Calculus of kidney

N20.1 Calculus of ureter

N20.2 Calculus of kidney with calculus of ureter

N20.9 Urinary calculus, unspecified

N21 Calculus of lower urinary tract

N21.0 Calculus in bladder

N21.1 Calculus in urethra

N21.2 Calculus of prostate (N24.8)

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, M1C)
- schistosomiasis (B65.0–B65.9)

N23 Unspecified renal colic

N18 Chronic kidney disease (CKD)

Code first any associated:

- diabetic chronic kidney disease (E88.2, E89.2, E18.2)
- hypertensive chronic kidney disease (I12, I13)

Use additional code to identify kidney transplant status, if applicable.

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, 12; 2015, 2Q, 8

N19 Unspecified kidney failure

Uremia NOS

N25.8 Secondary hyperparathyroidism of renal origin

N25.81 Hyperparathyroidism of renal origin

N25.82 Hyperparathyroidism of extrarenal origin

N25.83 Hyperparathyroidism of nonrenal origin

DEF: Type of diabetes due to inability of renal tubules to reabsorb water back into the body; not responsive to vasopressin (antidiuretic hormone); characterized by excessive thirst and excessive urine production; may develop into chronic renal insufficiency.

N25.89 Other disorders resulting from impaired renal tubular function

N25.89.1 Secondary hyperparathyroidism of renal origin

DEF: Parathyroid dysfunction caused by chronic renal failure; phosphate clearance is impaired, phosphate is released from bone, vitamin D is not produced, intestinal calcium absorption is low, and blood levels of calcium are lowered, causing excessive production of parathyroid hormone.

N25.9 Disorder resulting from impaired renal tubular function

N25.91 Nephrogenic diabetes insipidus

AHA: 2016, 1Q, 12; 2013, 4Q, 12

TIP: Diabetes insipidus NOS (E23.2) specifically indicated as such by provider documentation.

N26 Unspecified contracted kidney

N26.1 Contracted kidney due to hypertension (I12.0)

N26.2 Contracted kidney due to obstructive uropathy (N13.0)

N26.3 Contracted kidney due to obstructive uropathy (N13.2)

N26.4 Contracted kidney due to obstructive uropathy (N13.1)

N26.5 Contracted kidney due to obstructive uropathy (N13.8)

N26.6 Contracted kidney due to obstructive uropathy (N13.9)

N27 Small kidney of unknown cause

N27.0 Small kidney, unilateral

N27.1 Small kidney, bilateral

N27.2 Small kidney, unspecified

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N28.7 Other conditions complicating kidney and ureter disease

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N28.9 Other specified disorders of kidney and ureter
Chapter 10. Diseases of the Respiratory System (J00–J99)

Respiratory System

- Nasal cavity and paranasal sinuses
- Nostril
- Oral cavity
- Pharynx
- Larynx
- Trachea
- Right lung
- Right main / primary bronchus
- Diaphragm
- Pleura
- Left lung
- Carina of trachea
- Left main/primary bronchus
- Secondary (lobar) bronchi
- Tertiary (segmental) bronchi
- Bronchioles
- Alveoli