Chapter 18: Signs & Symptoms

ICD-10-CM
Chapter 18: Symptoms, Signs, and Abnormal Clinical Laboratory Findings, Not Elsewhere Classified Categories: R00–R99
Coding Guidelines: Section 1.C.18, page 57

1. **Categories R00–R99**
   - R00–R09 Symptoms and signs involving the circulatory and respiratory systems
   - R10–R19 Symptoms and signs involving the digestive system and abdomen
   - R20–R23 Symptoms and signs involving the skin and subcutaneous tissue
   - R25–R29 Symptoms and signs involving the nervous and musculoskeletal systems
   - R30–R39 Symptoms and signs involving the urinary system
   - R40–R46 Symptoms and signs involving cognition, perception, emotional state and behavior
   - R47–R49 Symptoms and signs involving speech and voice
   - R50–R69 General symptoms and signs
   - R70–R79 Abnormal findings on examination of blood, without diagnosis
   - R80–R82 Abnormal findings on examination of urine, without diagnosis
   - R83–R89 Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
   - R90–R94 Abnormal findings on diagnostic imaging and in function studies, without diagnosis
   - R99 Ill-defined and unknown cause of mortality

2. **Chapter 18: Signs & Symptoms**
   - Signs and symptoms that point to an established and documented diagnosis must be assigned to other chapters in the ICD-10-CM classification system.
     - Categories in chapter 18 include less well defined conditions and symptoms.
   - Section 1.C.18.b of Coding Guidelines
     - Symptom may be reported in addition to related definitive diagnosis when the sign or symptom is not routinely associated with that diagnosis
     - Many excludes statements accompany the codes in chapter 18.

3. **Chapter 18: Signs & Symptoms**
   - Includes codes for
     - symptoms,
     - signs,
     - abnormal results of clinical or other investigative procedures,
     - and ill-defined conditions.
   - Are assigned when no diagnosis has been made that can be classified elsewhere.

4. **Chapter 18: Signs & Symptoms**
   - Some conditions that were assigned to other chapters in ICD-9-CM are now included in chapter 18 of ICD-10-CM.
     - For example, for a diagnosis of bradycardia:
       - ICD-9-CM: 427.89, Other specified cardiac dysrhythmias
       - ICD-10-CM: R00.1, Bradycardia, unspecified
### Appearance and Behavior

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R46.0</td>
<td>Very low level of personal hygiene</td>
</tr>
<tr>
<td>R46.1</td>
<td>Bizarre personal appearance</td>
</tr>
<tr>
<td>R46.2</td>
<td>Strange and inexplicable behavior</td>
</tr>
<tr>
<td>R46.3</td>
<td>Overactivity</td>
</tr>
<tr>
<td>R46.4</td>
<td>Slowness and poor responsiveness</td>
</tr>
<tr>
<td>R46.5</td>
<td>Suspiciousness and marked evasiveness</td>
</tr>
<tr>
<td>R46.6</td>
<td>Undue concern and preoccupation with stressful events</td>
</tr>
<tr>
<td>R46.7</td>
<td>Verbosity and circumstantial detail obscuring reason for contact</td>
</tr>
<tr>
<td>R46.8</td>
<td>Other symptoms and signs involving appearance and behavior</td>
</tr>
<tr>
<td>R46.9</td>
<td>Obsessive-compulsive behavior</td>
</tr>
</tbody>
</table>

### Increased specificity

- Provided at the fourth- and fifth-character levels
- Disturbance of skin sensation
  - R20 Disturbances of skin sensation
    - R20.0 Anesthesia of skin
    - R20.1 Hypoesthesia of skin
    - R20.2 Paresthesia of skin
    - R20.3 Hyperesthesia
  - R20.8 Other disturbances of skin sensation
  - R20.0 Unspecified disturbance of skin sensation

### Abnormal Findings

- Significantly expanded
- Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis includes the following categories:
  - R83, Abnormal findings in cerebrospinal fluid
  - R84, Abnormal findings in specimens from respiratory organs and thorax
  - R85, Abnormal findings in specimens from digestive organs and abdominal cavity

### Increased specificity

- R83 Abnormal findings in cerebrospinal fluid
  - R83.0 Abnormal level of enzymes in cerebrospinal fluid
  - R83.1 Abnormal level of hormones in cerebrospinal fluid
  - R83.2 Abnormal level of other drugs, medicaments, and biological substances in cerebrospinal fluid
  - R83.3 Abnormal level of substances chiefly non-medicinal as to source in cerebrospinal fluid
  - R83.4 Abnormal immunological findings in cerebrospinal fluid
- Three other blocks of codes describe abnormal findings in blood, urine, and function studies, and on diagnostic imaging

### Repeated Falls

- Section 1.C.18.d. Coding Guideline
- Code R29.6 Repeated Falls
- Used when patient has recently fallen and the reason for fall is under investigation
- Z9.81 History of Falling
  - Used when patient has fallen in past and is at risk for future falls
  - When appropriate both codes may be assigned together.
### Glasgow Coma Scale: Section 1.C.18.e
- Must be used in conjunction with the codes for traumatic brain injuries or the sequela of cerebrovascular accidents.
- At a minimum, report the initial score documented on presentation to facility.
- Score may come from EMT.
- Facility may capture multiple Coma Scale Scores.

### Glasgow Coma Scale
- When more than one coma assessment is performed, the patient’s health record should include a report of the initial coma scale performed at the time of admission and a final rating performed at the time of discharge. Facility policy should determine which scale ratings are to be reported in the health record. An extension must be added to the coma codes to indicate which ratings are to be reported in the final record.

### R40.2 Coma
- **Coma NOS**
  - Unconsciousness NOS
  - Code first any associated:
    - coma in fracture of skull (S02.-)
    - coma in intracranial injury (S06.-)
  - The following 7th character extensions are to be added to codes R40.21, R40.22, R40.23:
    - 0 unspecified time
    - 1 in the field [EMT or ambulance]
    - 2 at arrival to emergency department
    - 3 at hospital admission
    - 4 24 hours after hospital admission
  - A code from each subcategory is required to complete the coma scale.

### Functional Quadriplegia R53.2
- Lack of ability to use one's limbs or ambulate due to extreme debility.
- Should not be used for cases of neurologic quadriplegia.
- Should only be assigned if functional quadriplegia is specifically documented in the medical record.

### SIRS due to Non-Infectious Process
- **R65 Symptoms and signs specifically associated with systemic inflammation and infection**
  - R65.1 Systemic inflammatory response syndrome (SIRS) of non-infectious origin
    - Code first underlying condition
    - Excludes: sepsis—code to infection
  - Severe sepsis (R65.2)
  - R65.10 Systemic inflammatory response syndrome (SIRS) of non-infectious origin without acute organ dysfunction
  - Systemic inflammatory response syndrome (SIRS) NOS
  - R65.11 Systemic inflammatory response syndrome (SIRS) of non-infectious origin with acute organ dysfunction
    - Use additional code to identify specific acute organ dysfunction, such as:
      - acute kidney failure (N17.-)
      - acute respiratory failure (J96.0)
      - critical illness myopathy (G72.81)
      - critical illness polyneuropathy (G62.81)
      - disseminated intravascular coagulopathy (DIC) (D55)
      - encephalopathy (metabolic) (septic) (G93.41)
      - hepatic failure (G12.0-)

### Note:
These codes are intended primarily for trauma registry and research but may be utilized by all users of the classification who wish to collect this information.
Chapter 18 Signs & Symptoms

**R65.2 Severe sepsis**
- Infection with associated acute organ dysfunction
- Sepsis with acute organ dysfunction
- Sepsis with multiple organ dysfunction
- Systemic inflammatory response syndrome due to infectious process with acute organ dysfunction
  - Code first underlying infection, such as:
    - Infection following a procedure (T81.4)
    - Infections following infusion, transfusion and therapeutic injection (T80.2)
    - Sepsis following complete or unspecified spontaneous abortion (O03.87)
    - Sepsis following ectopic and molar pregnancy (O08.82)
    - Sepsis following incomplete spontaneous abortion (O03.37)
    - Sepsis following (induced) termination of pregnancy (O04.87)
    - Sepsis NOS A41.9
  - Use additional code to identify specific acute organ dysfunction, such as:
    - acute kidney failure (N17.-)
    - acute respiratory failure (J96.0)

**Malaise & Fatigue**
- R53.0 Neoplastic (malignant) related fatigue
- R53.1 Weakness
- R53.2 Functional quadriplegia
- R53.8 Other malaise and fatigue
  - R53.81 Other malaise
  - R53.82 Chronic fatigue, unspecified
  - R53.83 Other fatigue
is diagnosed by the physician, it is appropriate to assign a code from codes Q00-Q99.

For the birth admission, the appropriate code from category Z38, Liveborn infants, according to place of birth and type of delivery, should be sequenced as the principal diagnosis, followed by any congenital anomaly codes, Q00-Q89.

18. **Chapter 18: Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)**

Chapter 18 includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded. Signs and symptoms that point to a **specific** diagnosis have been assigned to a category in other chapters of the classification.

a. **Use of symptom codes**

Codes that describe symptoms and signs are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider.

b. **Use of a symptom code with a definitive diagnosis code**

Codes for signs and symptoms may be reported in addition to a related definitive diagnosis when the sign or symptom is not routinely associated with that diagnosis, such as the various signs and symptoms associated with complex syndromes. The definitive diagnosis code should be sequenced before the symptom code.

Signs or symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification.

c. **Combination codes that include symptoms**

ICD-10-CM contains a number of combination codes that identify both the definitive diagnosis and common symptoms of that diagnosis. When using one of these combination codes, an additional code should not be assigned for the symptom.

d. **Repeated falls**

Code R29.6, Repeated falls, is for use for encounters when a patient has recently fallen and the reason for the fall is being investigated.
Code Z91.81, History of falling, is for use when a patient has fallen in the past and is at risk for future falls. When appropriate, both codes R29.6 and Z91.81 may be assigned together.

e. **Glasgow coma scale**

The Glasgow coma scale codes (R40.2-) can be used in conjunction with traumatic brain injury codes or sequelae of cerebrovascular accident codes. These codes are primarily for use by trauma registries, but they may be used in any setting where this information is collected. The coma scale codes should be sequenced after the diagnosis code(s).

**These codes**, one from each subcategory, are needed to complete the scale. The 7\textsuperscript{th} character indicates when the scale was recorded. The 7\textsuperscript{th} character should match for all three codes.

**At a minimum, report the initial score documented on presentation at your facility. This may be a score from the emergency medicine technician (EMT) or in the emergency department. If desired, a facility may choose to capture multiple Glasgow coma scale scores.**

f. **Functional quadriplegia**

Functional quadriplegia (code 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, and code R53.2 should not be used for cases of neurologic quadriplegia. It should only be assigned if functional quadriplegia is specifically documented in the medical record.

g. **SIRS due to Non-Infectious Process**

The systemic inflammatory response syndrome (SIRS) can develop as a result of certain non-infectious disease processes, such as trauma, malignant neoplasm, or pancreatitis. When SIRS is documented with a noninfectious condition, and no subsequent infection is documented, the code for the underlying condition, such as an injury, should be assigned, followed by code R65.10, Systemic inflammatory response syndrome (SIRS) of non-infectious origin without acute organ dysfunction, or code R65.11, Systemic inflammatory response syndrome (SIRS) of non-infectious origin with acute organ dysfunction. If an associated acute organ dysfunction is documented, the appropriate code(s) for the specific type of organ dysfunction(s) should be assigned in addition to code R65.11. If acute organ dysfunction is documented, but it cannot be determined if the acute
organ dysfunction is associated with SIRS or due to another condition (e.g., directly due to the trauma), the provider should be queried.

g. **Death NOS**
   Code R99, Ill-defined and unknown cause of mortality, is only for use in the very limited circumstance when a patient who has already died is brought into an emergency department or other healthcare facility and is pronounced dead upon arrival. It does not represent the discharge disposition of death.

19. **Chapter 19: Injury, poisoning, and certain other consequences of external causes (S00-T88)**

a. **Code Extensions**
   Most categories in chapter 19 have 7th character extensions that are required for each applicable code. Most categories in this chapter have three extensions (with the exception of fractures): A, initial encounter, D, subsequent encounter and S, sequela.

   - **Extension “A”, initial encounter**: used while the patient is receiving active treatment for the injury. Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a new physician.

   - **Extension “D” subsequent encounter**: used for encounters after the patient has received active treatment of the injury and is receiving routine care for the injury during the healing or recovery phase. Examples of subsequent care are: cast change or removal, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following injury treatment.

   The aftercare Z codes should not be used for aftercare for injuries. For aftercare of an injury, assign the acute injury code with the 7th character “D” (subsequent encounter).

   - **Extension “S”, sequela**: is for use for complications or conditions that arise as a direct result of an injury, such as scar formation after a burn. The scars are sequelae of the burn. When using extension “S”, it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself. The “S” is added only to the injury code, not the sequela code. The “S” extension identifies the injury responsible for the sequela. The specific type of sequela (e.g. scar) is sequenced first, followed by the injury code.