Chapter 1

Certain Infectious and Parasitic Diseases (A00-B99)

Introduction

Codes in Chapter 1, Certain Infectious and Parasitic Diseases, may identify the specific organism responsible for a stated condition. They may also identify an infection or infectious process itself, such as sepsis or tuberculosis. "Infectious" means "caused by" or "capable of being communicated by infection." "Parasitic" means "caused by a parasite" (e.g., a tick).

Included in Chapter 1 are:

- diseases generally recognized as communicable or transmissible

- diseases of unknown but possibly infectious origin

Excluded are:

- acute respiratory infections (J06, J22)

- carrier or suspected carriers of infectious organism (Z22.0-Z22.9)

- certain localized infections

- influenza (J09-J11)

- (COVID-19) 2019 novel coronavirus disease (U07.1)

- Post (COVID-19) condition, unspecified (U09.9)

Major Categories

The more common infections in home care are urinary tract infections and wound infections. These conditions require a code from B95-B96 to identify the organism causing the infection. Codes from A40-A41 indicate the condition is sepsis.

Categories found in this chapter include the following:

- some conditions related to specific locations or conditions, such as intestinal infectious diseases, tuberculosis, and poliomyelitis,

- viral infections, such as human immunodeficiency virus,

- bacterial infections, such as leprosy, diphtheria, and whooping cough

- diseases caused by parasites (zoonotic bacterial and arthropod-borne viral diseases),

- venereal diseases,

- mycoses (fungal infections),

- helminthiases (intestinal parasites or worms), and

- late effects of these conditions.

TIP! COVID-19 guidelines are found listed under Chapter 1 and the codes are found in Chapter 22 Codes for Special Purposes.

More specifically, the major categories in Chapter 1 are:

- Intestinal infectious diseases (A00-A09)

- Tuberculosis (A15-A19)

- Certain Zoonotic bacterial diseases (A20-A28) – These are diseases shared by animals and humans. Approximately 150 zoonotic diseases are known to exist.

- Other bacterial diseases (A30-A49) – such as leprosy, diphtheria and sepsis

- Infections with a predominantly sexual mode of transmission (A50-A64)

- Other spirochetal diseases (A65-A69)

- Other diseases caused by chlamydia (A70-A74)

- Rickettsioses (A75-A79)

- Viral and Prion infections of the central nervous system (A80-A89)

- Arthropod borne viral fevers and viral hemorrhagic fevers (A90-A99)

- Viral infections characterized by skin and mucous membrane lesions (B00-B09)

- Other human herpes viruses (B10)

- Viral hepatitis (B15-B19)

- Human Immunodeficiency Virus [HIV] disease (B20)

- Other Viral Diseases (B25-B34)

- Mycoses (B35-B49)

- Protozoal diseases (B50-B64)

- Helminthiases (B65-B83)

- Pediculosis, acariasis, and other infestations (B85-B89)

- Sequelae of infectious and parasitic diseases (B90-94)

- Bacterial and Viral infectious agents (B95-B97)

- Other infectious diseases (B99)

Descriptions of Major Conditions and Categories Common to Home Health

Tuberculosis (A15-A19)

Pulmonary tuberculosis (TB) is a contagious bacterial infection that mainly involves the lungs, but may spread to other organs.

In the primary stage of the disease, the patient is asymptomatic. The bacillus may lie dormant for years before causing symptoms and active disease. The primary organs affected are the lungs, but the disease may spread to other organs as well.

Sepsis (A40-A41)

Bacteremia vs. Septicemia: Bacteremia is a localized infection without clinical signs of generalized infection while septicemia is accompanied by clinical signs of generalized infection and may be resolved by treatment with the appropriate antibiotic. Sepsis is a potentially life-threatening complication of an infection. Sepsis occurs when chemicals released into the bloodstream to fight the infection trigger inflammation throughout the body. This inflammation can trigger a cascade of changes that can damage multiple organ systems, causing them to fail. If sepsis progresses to septic shock, blood pressure drops dramatically, which may lead to death.

When coding Sepsis and Septicemia in ICD-10, it is important to note that ICD-10-CM does not include separate codes for Septicemia. Instead, the codes for Sepsis are a combination code that identifies both septicemia and sepsis, including the causative organism. If Septicemia is stated, Sepsis code will be assigned (A40-, A41-).

Septic shock generally refers to circulatory failure associated with sepsis. Septic shock may not be coded as primary (see coding guidelines which indicate to assign an additional code for severe sepsis with or without septic shock).

An additional code will be added, R65.2-, Severe sepsis with or without septic shock, if acute organ dysfunction is documented. There is an exception of the "with" convention related to sepsis and organ failure. Don't automatically assume severe sepsis unless the provider has connected the organ failure with the sepsis.

Coding Severe Sepsis in ICD-10 requires a minimum of two codes, but usually requires three:

- Underlying systemic infection
- Code from subcategory R65.2
- Additional code for the associated organ dysfunction.

TIP! Organ failure is not separately coded with Septic Shock since the organ failure is the circulatory failure.

Zika virus (A92.5)

Code only a confirmed diagnosis of Zika virus (A92.5) when documented by the provider.

In this circumstance, "confirmation" does not require the type of test be documented, but only that the physician's documentation confirms the condition is present. This code should be assigned regardless of the mode of transmission.

Note, if the provider documents "suspected", "possible" or "probable" Zika, do not assign code A92.5. Assign a code(s) explaining the reason for encounter (such as fever, rash, or joint pain) or Z20.821, Contact with and (suspected) exposure to Zika virus.

Streptococcus, Staphylococcus, Enterococcus and other Bacterial Agents in diseases classified elsewhere (B95-B96)

These categories are provided to be used as additional codes to identify the bacterial agent in diseases classified elsewhere. This category will also be used to classify bacterial infections of an unspecified nature. The code from the B95-B96 category should always be sequenced right after the code for the condition and should never be assigned as a primary or first listed diagnosis. These codes should also never be assigned alone without the underlying infectious disease. Use the code for the causative agent only if known.

> **Tip!** Use B95-B96 codes to indicate the organism causing an infection, such as a post-operative wound infection or UTI.

HIV infection (B20)

A single code, B20, describes human immunodeficiency virus (HIV) disease. Use this code for all symptomatic HIV infections. This code includes all cases of physician-diagnosed AIDS, whether asymptomatic (e.g., a diagnosis based on CD+ T-lymphocyte criteria alone), AIDS related Complex (ARC), or symptomatic followed by additional codes for all reported HIV-related conditions such as Kaposi's sarcoma, lymphoma, *Pneumocystis carinii* pneumonia (PCP), cryptococcal meningitis, cytomegaloviral disease or other related conditions. If the patient has ever had an HIV related infection, continue to code B20 even if the associated condition is resolved.

Do not code HIV (B20) unless the physician documents HIV or AIDs.

Important! Some states will deny B20 as a primary diagnosis under privacy protection laws. You will need to check your state's status on reporting and how to submit OASIS data when patient has a primary diagnosis of HIV. However, it is important to note that ICD-10 coding guidelines do require that B20, HIV disease, be coded as the primary diagnosis when the reason for admission is for an HIV or AIDS related condition. If the patient has ever had an HIV related infection, continue to code B20 even if the associated condition is resolved.

When the primary reason for admission is for a reason unrelated to the HIV/AIDS condition, it is not necessary to code B20, HIV disease as a primary diagnosis.

Code Z21 describes asymptomatic HIV infection. Code Z21 is used when the patient is described as HIV positive but is without symptoms. Code R75 describes inconclusive serological findings for HIV. This code includes inconclusive HIV test findings in infants. Additional instructional notes have been added in ICD-10-CM to assist in proper code sequencing. Code assignment of HIV depends on whether the patient is symptomatic or asymptomatic, or has ever had an HIV related infection.

Examples of HIV codes include:

- Category B20 includes AIDS, AIDS-like syndrome, AIDS-related complex and symptomatic infection.

- Category Z21 describes asymptomatic HIV infection. Patients with physician-documented asymptomatic HIV infection, HIV positive, who have never had an HIV-related illness should be coded to Z21.

- Code R75 describes nonspecific serological evidence of HIV and is used to code patients (including infants) with inconclusive HIV test results.

- Code Z20.6 describes exposure to the HIV Virus

B20 coding examples:

Cryptosporidiosis secondary to AIDS.

- B20, HIV disease
- A07.2, Other protozoal intestinal diseases

Cryptosporidiosis, Acute lymphadenitis of lower limbs with HIV infection

- B20, HIV disease
- L04.3, Acute lymphadenitis of lower limb

Kaposi's sarcoma of right lung with AIDS

- B20, HIV disease
- C46.51, Kaposi's sarcoma right lung

HIV patient, currently asymptomatic with history of Kaposi's sarcoma

- B20, HIV disease