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 or a code from A40-A41 if 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.

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.

Coding Severe Sepsis in ICD-10 requires a minimum of three codes:

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

ICD-10 also includes additional guidelines for coding sepsis in home health:

If the patient is admitted with sepsis (you have confirmed it is an active diagnosis):
- Code Sepsis first
- Then code the localized infection – such as UTI, Cellulitis, etc.
- If it is stated as severe, add R65.2-
  ◦ IF SEVERE SEPSIS: Add organ dysfunction codes

If the patient is admitted with a localized infection and it later develops into sepsis:
- Code localized infection first!
- Code Sepsis following this
  ◦ If SEVERE SEPSIS reported (organ dysfunction present), add R65.2- code, followed by codes for associated organ dysfunction as diagnosed.

Coding Sepsis as a Complication in ICD-10

On occasion, sepsis may develop as a complication of a procedure. It is important that coders only report sepsis as a complication on the OASIS and claim when the physician has documented the condition as such. Terms such as "postprocedural sepsis" and "postprocedural septic shock" may indicate to the coder that a complication has occurred.

Postprocedural sepsis must be confirmed by the physician and may or may not be accompanied by severe sepsis and organ dysfunction. A complication code is required first, since the condition is a complication of the procedure, and considered a post procedural infection.

To code Post procedural Sepsis:

- Start with the specific postprocedural infection code (a code from T81.40 to T81.43)

- Assign an additional code for sepsis following a procedure (T81.44). Use an additional code to identify the infectious agent.

- If Severe Sepsis/Associated Organ dysfunction is also reported, next assign the appropriate R65.2- code.

Postprocedural Septic Shock indicates that a patient has experienced sepsis following a procedure, which has resulted in Septic Shock. In order to code *Postprocedural Septic Shock*, the physician specifically needs to identify that the septic shock was postprocedural (as this is a complication) and the documentation should clearly support this.

To code Post procedural Septic Shock:

- Start with the specific postprocedural infection code (a code from T81.40 to T81.43)

- Follow with the specific postprocedural septic shock code (T81.12-), since this is a complication

- Do not assign code R65.21, Severe sepsis with septic shock. Additional code(s) should be assigned for any acute organ dysfunction.

Zika virus (A92.5)

Code only a confirmed diagnosis of Zika virus (A92.5) when documented by the provider, which is an exception to the hospital inpatient guideline Section II, H.

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.

> **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.