

## Home Health ICD-9/ICD-10 Alert

### Reader Question: Know Which Infection Guideline Takes Precedence

Question: Reading the chapter notes included in my coding manual, it appears that not all "cootie codes" are created equal. Some are acceptable as primary diagnoses, while others appear to be secondary only. As a rule, I'm instructed to list the organism first and the manifestation code second. But with 041.x (Bacterial infection in conditions classified elsewhere and of unspecified site), 079.x (Viral and chlamydial infection in conditions classified elsewhere and of unspecified site); and 137.x-139.x (Late effects of infections and parasitic diseases) I'm told to list the organism second. If these instructions are correct, then aren't 041.x, 079. x and 137.x-139.x all "secondary only" codes? They aren't marked as such in my book. Are there any circumstances where these particular codes are correctly used as primary? If not, why doesn't ICD-9 label these codes "Sx"?

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Answer: As is often the case with ICD-9, there are rules, and then there are exceptions to those rules. With these cootie codes, you have two sets of guidelines working against each other.

It's true that in general when coding an infection, you'll list the organism first and the manifestation code second. But codes from the 041.x and 079.x categories are governed by another coding guideline. These codes are ruled by the "multiple coding for a single condition" rule.

Just after the category heading for 041.x in the tabular list, you'll see a note that instructs "This category is provided to be used as an additional code to identify the bacterial agent in diseases classified elsewhere." This means that you would list the infectious disease or site of the infection first, followed by the 041.x code to describe the organism. A similar note appears just after the 079.x heading, explaining that this is an additional code used to describe the "viral agent in diseases classified elsewhere." These codes aren't manifestation/etiology pairs, but they do report conditions where a secondary code is required to fully describe the diagnosis.

For example: If your patient has a staph-infected stage 2 pressure ulcer of the heel, you would report 707.06 (Pressure ulcer, heel) 707.22 (Stage 2) and then 041.10 (Staphylococcus, unspecified).

As for the 137.x-139.x codes, you'll notice that these codes indicate late effects. A note follows each category heading for 137.x-139.x explaining which conditions these late effect codes correspond with. These codes are ruled by the late effect general rule which requires you to list the condition or nature of the late effect first, followed by the late effect code.

For example: If your patient is paraplegic as the result of having poliomyelitis as a child, you would list 344.1 (Paraplegia) followed by 138 (Late effects of acute poliomyelitis).

On the other hand if the condition resulting from the polio is coded with a manifestation code, the late effect would be coded first. Example: The patient has osteopathy from polio. In this case, you would list 138 (Late effects of acute poliomyelitis) followed by the 730.7x code for the osteopathy. So, there are occasions when these codes could be first-listed.