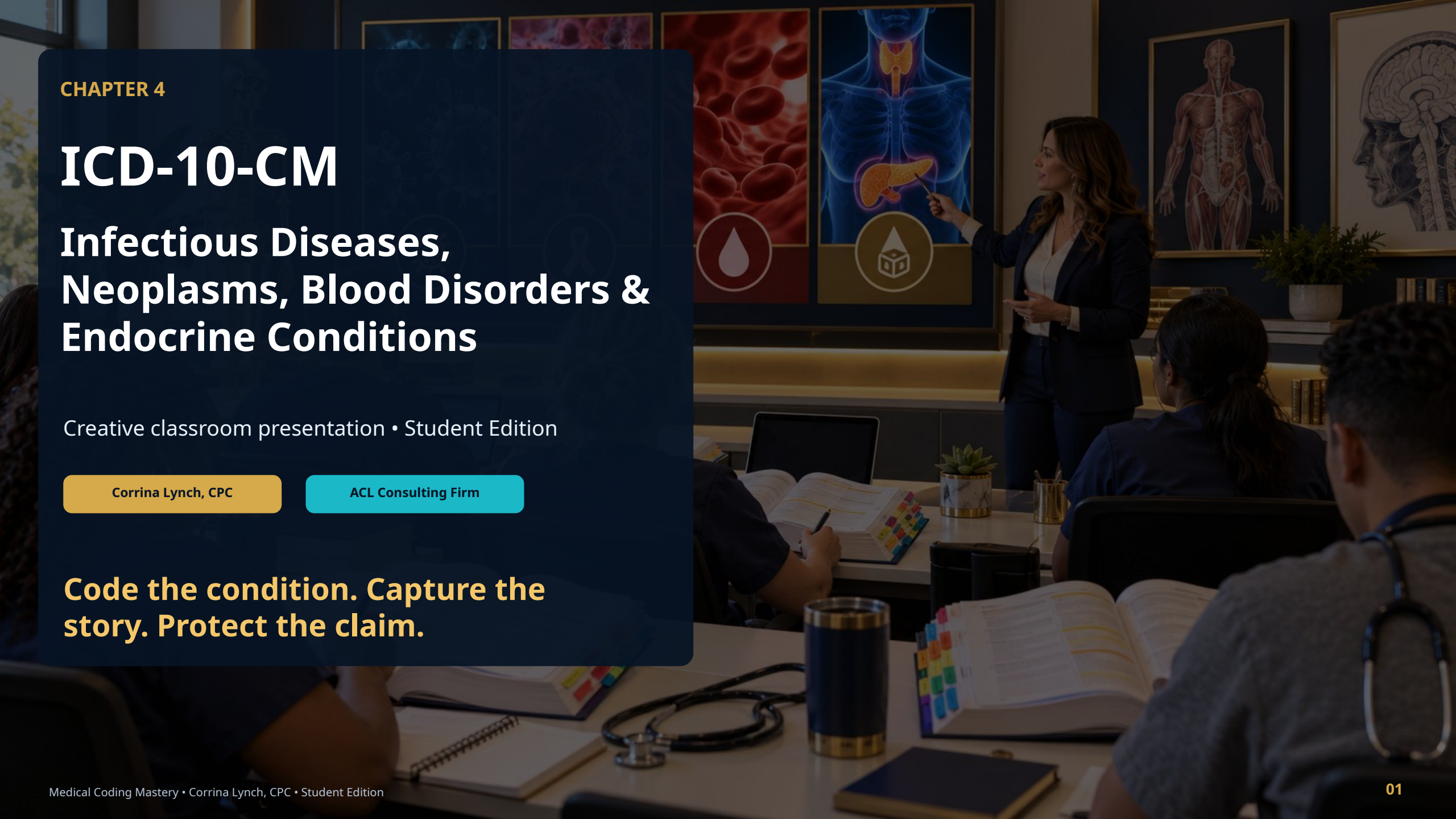


CHAPTER 4

ICD-10-CM

Infectious Diseases, Neoplasms, Blood Disorders & Endocrine Conditions

Creative classroom presentation • Student Edition

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Code the condition. Capture the story. Protect the claim.

Chapter Roadmap

A00–B99 → **Infectious diseases**
Sepsis, HIV/AIDS, organisms

C00–D49 → **Neoplasms**
Table, behavior, sequencing

D50–D89 → **Blood disorders**
Anemia + underlying causes

E00–E89 → **Endocrine & metabolic**
Diabetes, thyroid, BMI, electrolytes



Big idea

This chapter trains students to sequence multi-code diagnoses across four high-yield ICD-10-CM areas.

Learning Objectives

- Differentiate infection, bacteremia, SIRS, sepsis, severe sepsis, and septic shock.
- Apply sepsis sequencing, including organism-specific codes and organ dysfunction.
- Use the Neoplasm Table by site and behavior before verifying in the Tabular.
- Sequence malignancy, treatment encounter, anemia, CKD, diabetes, and BMI codes correctly.
- Build complete multi-system code sets from clinical documentation.



Instructor cue

Frame Chapter 4 as “sequencing under pressure.” The exam tests the rule, the setting, and the reason for today’s encounter.

Infectious Diseases

A00–B99 • Sepsis, HIV/AIDS and common infections

HIGH-YIELD CPC CODING



Sepsis: Terms Students Must Not Confuse

Infection

Localized invasion; no systemic response

Sepsis

Systemic infection with organ dysfunction risk

Bacteremia

Bacteria in blood; not automatically sepsis

Severe sepsis

Sepsis + acute organ dysfunction

SIRS

Systemic response to a noninfectious insult

Septic shock

Severe sepsis + circulatory failure

Coding trap: “urosepsis” is not a valid ICD-10-CM code. Query for clarification or code the UTI only if systemic sepsis is not documented.

Sepsis Sequencing: Build the Tower

1 Underlying systemic infection
A40.– / A41.– leads

2 Severity indicator
R65.20 or R65.21 follows

3 Organ dysfunction
AKI, respiratory failure, liver failure

4 Comorbidities
Diabetes, CKD, electrolyte disorders

Worked example

Sepsis due to MRSA with septic shock and acute kidney injury → A41.02, R65.21, N17.9

Memory line

Infection first. Shock never principal. Organ dysfunction must be captured.

Compliance alert

Never “upgrade” localized infection to sepsis without physician documentation.

HIV & AIDS Coding: Decide the Status First

Z21	**Asymptomatic HIV positive**	No HIV-related illness
B20	**AIDS / symptomatic HIV disease**	Lifetime code once established
R75	**Inconclusive HIV test**	Not positive or negative
Z20.6	**Exposure to HIV**	Contact/suspected exposure
Z11.4	**Screening for HIV**	Testing encounter, no known status

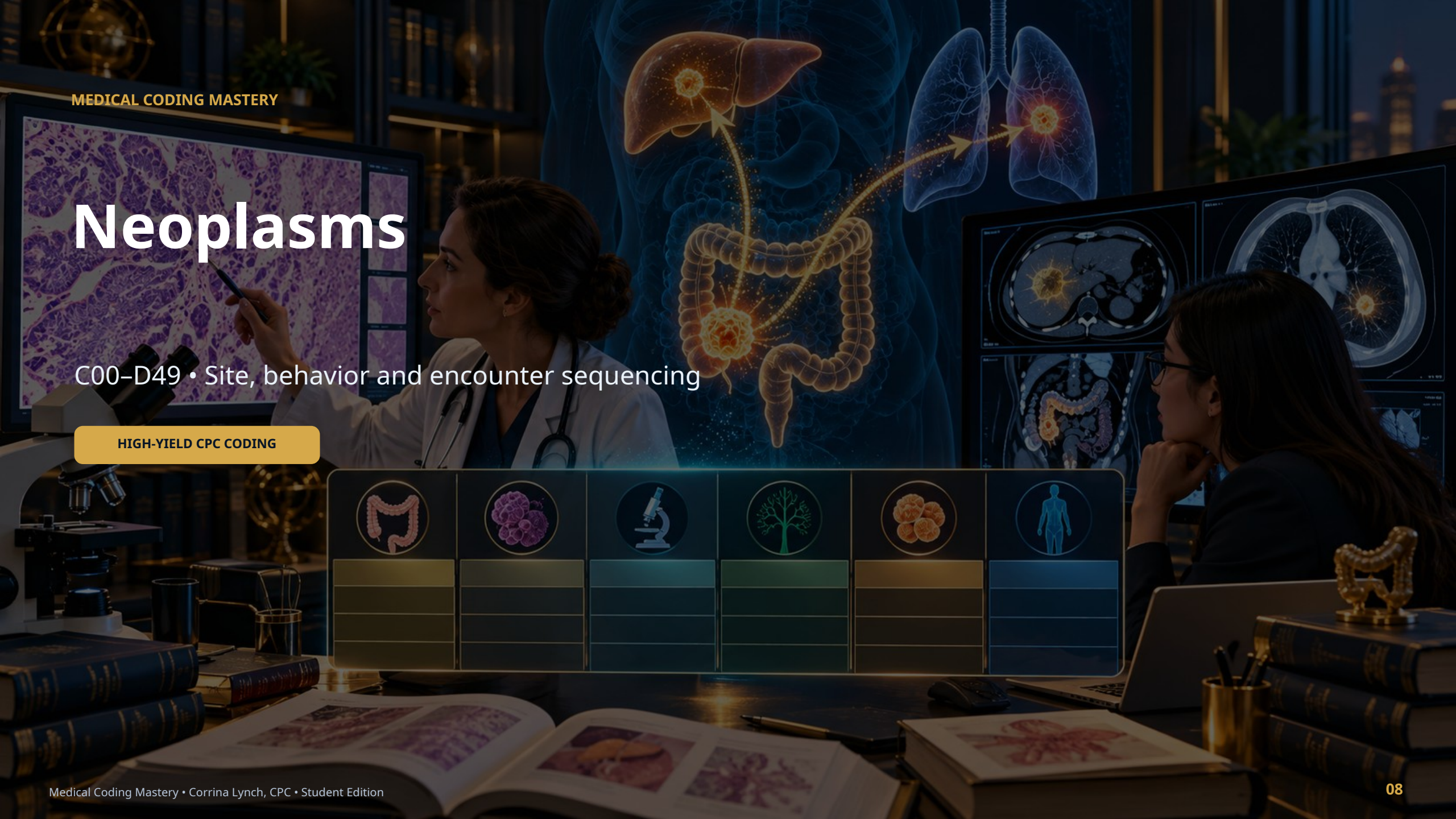
Exam trap

Do not use B20 for an asymptomatic HIV-positive patient. Do not drop B20 once AIDS has been established.

Neoplasms

C00–D49 • Site, behavior and encounter sequencing

HIGH-YIELD CPC CODING



Neoplasm Table: Site First, Behavior Second

Primary

Where it started
C00–C75

Secondary

Where it spread
C77–C79

In situ

In place, not invasive
D00–D09

Benign

Non-cancerous
D10–D36

Uncertain

Pathologist cannot determine
D37–D48

Unspecified

Behavior not documented
D49

Mandatory workflow

1) Locate site in Neoplasm Table → 2) choose behavior column → 3) verify in Tabular → 4) read all notes.

Neoplasm Sequencing: Ask “Why Today?”

Treat primary malignancy	Primary cancer leads
Treat metastatic site	Secondary site leads
Chemotherapy / radiation / immunotherapy	Z51.11 / Z51.0 / Z51.12 leads
Complication only	Complication may lead; malignancy additional
Cancer inactive, treatment complete	Use Z85.– personal history code

Coding Shot

The reason for the encounter determines the first code. Don’t memorize sequences — diagnose the purpose of the visit.

Blood Disorders

D50–D89 • Anemia, coagulation and immune disorders

HIGH-YIELD CPC CODING



Anemia: Type + Cause Drives Sequencing

D50.– • Iron deficiency anemia

Specify chronic blood loss when documented

D63.1 • Anemia in CKD

CKD stage first; D63.1 additional

D51.0 • Pernicious anemia

Vitamin B12 due to intrinsic factor deficiency

D64.81 • Chemo-induced anemia

Add malignancy and adverse effect when required

D63.0 • Anemia in neoplastic disease

Cancer code first; D63.0 additional

D57.– • Sickle-cell disease

Type and crisis status matter

Never default too quickly

D64.9 is a last resort. Review labs and documentation; query if the anemia type or cause is unclear.

Endocrine & Metabolic

E00–E89 • Diabetes, thyroid, obesity, BMI and electrolytes

HIGH-YIELD CPC CODING



Diabetes Categories: Choose the Cause First

E10.–	**Type 1**	Autoimmune beta-cell destruction
E11.–	**Type 2**	Most common; may use insulin or oral meds
E08.–	**Due to underlying condition**	Code underlying condition first
E09.–	**Drug/chemical induced**	Code adverse effect/poisoning first
E13.–	**Other specified**	Postprocedural/other specified diabetes

Guideline rule

Insulin use does not automatically mean Type 1. If the type is undocumented, default is Type 2 (E11.–).

Combination codes

Check E10/E11 complication subcategories before adding separate complication codes.

Z-code rule

Type 2 + insulin = Z79.4. Type 2 + oral drugs = Z79.84. Never add Z79.4 to Type 1.



Diabetes Combination Codes: What One Code Can Say

E11.21	Type 2 DM with nephropathy
E11.22	Type 2 DM with diabetic CKD + add N18.– stage
E11.40	Type 2 DM with diabetic neuropathy
E11.51	Type 2 DM with peripheral angiopathy without gangrene
E11.65	Type 2 DM with hyperglycemia
E11.9	Type 2 DM without complications

Practice prompt

Type 2 DM with diabetic CKD stage 3, on insulin → E11.22 + N18.3 + Z79.4

Thyroid, Obesity, BMI & Electrolytes

Thyroid

E03.9 hypothyroidism • E06.3 Hashimoto's • E05.00 Graves without storm

Obesity / BMI

E66.01 morbid obesity • Z68.– BMI codes are additional only

Electrolytes

E86.0 dehydration • E87.1 hyponatremia • E87.5 hyperkalemia • E87.6 hypokalemia

BMI rule: do not assign a BMI code from height/weight alone — provider must document obesity/overweight.

Electrolyte codes often appear as additional diagnoses, but always check "code first" instructions and the underlying cause.



Putting It Together: Multi-System Coding Workflow



Instructor activity

Have students mark the principal/first-listed reason first, then annotate every “code first” or “use additional code” instruction before writing the final code set.

Classroom Practice: Code This Scenario

Scenario

Patient admitted with severe sepsis due to MRSA, septic shock, and acute respiratory failure. Patient also has Type 2 diabetes on oral hypoglycemics.

Student task:

- Identify principal diagnosis
- Sequence severe sepsis/shock
- Add organ dysfunction
- Add diabetes and oral drug status

Think aloud

Does shock lead? What infection is the foundation? Which Z-code applies?

Answer review format

Code 1 → why it leads
Code 2 → severity
Code 3 → organ dysfunction
Code 4–5 → comorbidities

Top Chapter 4 Exam Traps

Urosepsis	Not a valid ICD-10-CM code — query.
Septic shock	Never principal; it follows systemic infection.
B20 vs Z21	AIDS/symptomatic HIV = B20; asymptomatic positive = Z21.
Neoplasm Table	Always site first, behavior second, then Tabular.
Chemo/radiation	Z51.11 or Z51.0 leads when treatment is the encounter.
Anemia CKD/cancer	Underlying condition first; D63 codes are additional.
Type 1 + Z79.4	Do not add Z79.4 to Type 1 diabetes.
BMI coding	BMI is additional and requires provider documentation.

Chapter 4 Wrap-Up

- Sepsis: infection leads; severe sepsis adds R65.20/R65.21 and organ dysfunction.
- HIV/AIDS: Z21 is asymptomatic; B20 is symptomatic/AIDS and stays once established.
- Neoplasms: Table first; sequencing follows the reason for today’s encounter.
- Anemia: identify type and underlying cause; follow Code First notes.
- Diabetes: category + combination code + treatment Z-code rules.

Exit ticket

Before next class, students should build a one-page cheat sheet for sepsis, B20/Z21, Neoplasm Table columns, D63 sequencing, and Z79 diabetes rules.

Next: Chapter 5

Mental, Behavioral, and Nervous System Disorders