CORRINA R. LYNCH | CPC PREPARATION

ICD-10-CM GUIDELINES

2026 CARTOON LEARNING CARDS

I.C.1 | Infectious Diseases

FIND THE GUIDELINE FIRST

The large reference number is the primary label. IV.J means Section IV (four), letter J. Character names are memory aids, not guideline numbers.

EVERY TEACHING CARD

Read: guideline reference and topic > setting > rule in plain language > fictional patient example > code answer or coding action and why. Use the Index first and verify the Tabular List.

MARISOL VEGA: WHERE TO LOOK

The Marisol example has its own IV.J card in Part 4. Also see I.B.5-6 and I.C.18.b for integral versus unrelated symptoms.

WHAT THIS EDITION CONTAINS

This part has 61 teaching cards. The series has 362 teaching cards across Sections I-IV. Long rules have been split or summarized for instruction; the separate Official Text + Examples companion preserves all official wording on printed pages 7-115.

SOURCE & CODE DETAILS

Based on the original FY 2026 release updated October 1, 2025. All fully specified example codes were checked against the official FY 2026 code-description file. A code ending in a dash is a lookup family, not a reportable final code. When details are missing, the card gives the coding action rather than inventing them.

Official CMS guidelines (click to open)

GUIDELINE FINDER

Select an entry or search the PDF for a guideline number.

I.C.1.a.1 | Human Immunodeficiency Virus (HIV) Infections 5

I.C.1.a.2(a) | Human Immunodeficiency Virus (HIV) Infections 5

I.C.1.a.2(b) | Human Immunodeficiency Virus (HIV) Infections 6

I.C.1.a.2(b) | Human Immunodeficiency Virus (HIV) Infections 6

I.C.1.a.2(c) | Human Immunodeficiency Virus (HIV) Infections 7

I.C.1.a.2(d) | Human Immunodeficiency Virus (HIV) Infections 7

I.C.1.a.2(e) | Human Immunodeficiency Virus (HIV) Infections 8

I.C.1.a.2(f) | Human Immunodeficiency Virus (HIV) Infections 8

I.C.1.a.2(g) | Human Immunodeficiency Virus (HIV) Infections 9

I.C.1.a.2(h) | Human Immunodeficiency Virus (HIV) Infections 9

I.C.1.a.2(h) | Human Immunodeficiency Virus (HIV) Infections 10

I.C.1.a.2(i) | Human Immunodeficiency Virus (HIV) Infections 10

I.C.1.a.2(i) | Human Immunodeficiency Virus (HIV) Infections 11

I.C.1.a.2(i) | Human Immunodeficiency Virus (HIV) Infections 11

I.C.1.a.2(j) | Human Immunodeficiency Virus (HIV) Infections 12

I.C.1.a.2(k) | Human Immunodeficiency Virus (HIV) Infections 12

I.C.1.b | Infectious agents as causes of diseases classified elsewhere 13

I.C.1.c | Infections resistant to antibiotics 13

I.C.1.d.1(a) | Sepsis, Severe Sepsis, and Septic Shock 14

I.C.1.d.1(a)(i) | Sepsis, Severe Sepsis, and Septic Shock 14

I.C.1.d.1(a)(ii) | Sepsis, Severe Sepsis, and Septic Shock 15

I.C.1.d.1(a)(iii) | Sepsis, Severe Sepsis, and Septic Shock 15

I.C.1.d.1(b) | Sepsis, Severe Sepsis, and Septic Shock 16

I.C.1.d.2 | Sepsis, Severe Sepsis, and Septic Shock 16

I.C.1.d.3 | Sepsis, Severe Sepsis, and Septic Shock 17

I.C.1.d.4 | Sepsis, Severe Sepsis, and Septic Shock 17

I.C.1.d.4 | Sepsis, Severe Sepsis, and Septic Shock 18

I.C.1.d.5(a) | Sepsis, Severe Sepsis, and Septic Shock 18

I.C.1.d.5(b) | Sepsis, Severe Sepsis, and Septic Shock 19

I.C.1.d.5(b) | Sepsis, Severe Sepsis, and Septic Shock 19

GUIDELINE FINDER

Select an entry or search the PDF for a guideline number.

I.C.1.d.5(c) | Sepsis, Severe Sepsis, and Septic Shock **20**

I.C.1.d.6 | Sepsis, Severe Sepsis, and Septic Shock **20**

I.C.1.d.7 | Sepsis, Severe Sepsis, and Septic Shock **21**

I.C.1.d.8 | Sepsis, Severe Sepsis, and Septic Shock **21**

I.C.1.d.9 | Sepsis, Severe Sepsis, and Septic Shock **22**

I.C.1.e.1(a) | Methicillin Resistant Staphylococcus aureus (MRSA) **22**

I.C.1.e.1(b) | Methicillin Resistant Staphylococcus aureus (MRSA) **23**

I.C.1.e.1(c) | Methicillin Resistant Staphylococcus aureus (MRSA) **23**

I.C.1.e.1(d) | Methicillin Resistant Staphylococcus aureus (MRSA) **24**

I.C.1.f.1 | Zika virus infections **24**

I.C.1.g.1(a) | Coronavirus infections **25**

I.C.1.g.1(b) | Coronavirus infections **25**

I.C.1.g.1(c)(i) | Coronavirus infections **26**

I.C.1.g.1(c)(ii) | Coronavirus infections **26**

I.C.1.g.1(c)(iii) | Coronavirus infections **27**

I.C.1.g.1(c)(iv) | Coronavirus infections **27**

I.C.1.g.1(c)(v) | Coronavirus infections **28**

I.C.1.g.1(d) | Coronavirus infections **28**

I.C.1.g.1(e) | Coronavirus infections **29**

I.C.1.g.1(f) | Coronavirus infections **29**

I.C.1.g.1(g) | Coronavirus infections **30**

I.C.1.g.1(h) | Coronavirus infections **30**

I.C.1.g.1(i) | Coronavirus infections **31**

I.C.1.g.1(j) | Coronavirus infections **31**

I.C.1.g.1(k) | Coronavirus infections **32**

I.C.1.g.1(l) | Coronavirus infections **32**

I.C.1.g.1(l) | Coronavirus infections **33**

I.C.1.g.1(l) | Coronavirus infections **33**

I.C.1.g.1(m) | Coronavirus infections **34**

I.C.1.g.1(m) | Coronavirus infections **34**

GUIDELINE FINDER

Select an entry or search the PDF for a guideline number.

I.C.1.g.1(n) | Coronavirus infections **35**

I.C.1.a.1

Human Immunodeficiency Virus (HIV) Infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Code only confirmed HIV, even for inpatient discharge. A provider's confirmed diagnosis can suffice.

FICTIONAL PATIENT EXAMPLE

Fictional record: The inpatient discharge says possible HIV only.



CODING ANSWER / ACTION + WHY

Do not code HIV infection as confirmed. Apply any supported findings or status instead.

I.C.1.a.2(a)

Human Immunodeficiency Virus (HIV) Infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Documented HIV disease, AIDS, or HIV-related illness calls for B20.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider diagnoses AIDS.



CODING ANSWER / ACTION + WHY

B20, plus codes for reportable related conditions as applicable.

I.C.1.a.2(b)

Human Immunodeficiency Virus (HIV) Infections

INPATIENT EXAMPLE

GUIDELINE IN PLAIN LANGUAGE

For admission chiefly for an HIV-related condition, generally sequence B20 before the related conditions.

FICTIONAL PATIENT EXAMPLE

The patient is admitted for pneumonia documented as HIV related.



CODING ANSWER / ACTION + WHY

B20 first, then the verified pneumonia code. The illness is HIV related.

I.C.1.a.2(b)

Human Immunodeficiency Virus (HIV) Infections

INPATIENT EXAMPLE

GUIDELINE IN PLAIN LANGUAGE

If HIV-associated hemolytic-uremic syndrome occasions admission, sequence it before HIV disease.

FICTIONAL PATIENT EXAMPLE

Fictional record: The admission is for HIV-associated HUS.



CODING ANSWER / ACTION + WHY

D59.31 then B20. This is an explicit exception.

I.C.1.a.2(c)

Human Immunodeficiency Virus (HIV) Infections

INPATIENT EXAMPLE

GUIDELINE IN PLAIN LANGUAGE

An unrelated condition chiefly responsible for inpatient admission leads; HIV disease is secondary.

FICTIONAL PATIENT EXAMPLE

A patient with HIV disease is admitted for an unrelated traumatic fracture.



CODING ANSWER / ACTION + WHY

The fracture code is principal; B20 is additional.

I.C.1.a.2(d)

Human Immunodeficiency Virus (HIV) Infections

INPATIENT EXAMPLE

GUIDELINE IN PLAIN LANGUAGE

Newly diagnosed versus established HIV does not determine sequencing.

FICTIONAL PATIENT EXAMPLE

Fictional record: HIV disease is newly diagnosed during an admission for unrelated injury.



CODING ANSWER / ACTION + WHY

The injury still leads; B20 is secondary. The reason for admission controls.

I.C.1.a.2(e)

Human Immunodeficiency Virus (HIV) Infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Use Z21 for documented asymptomatic HIV status without HIV-related illness.

FICTIONAL PATIENT EXAMPLE

Fictional record: A provider confirms HIV-positive status without current or prior HIV-related illness.



CODING ANSWER / ACTION + WHY

Z21. Do not infer HIV disease.

I.C.1.a.2(f)

Human Immunodeficiency Virus (HIV) Infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Inconclusive HIV serology may be coded R75.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider documents inconclusive HIV serology without diagnosis.



CODING ANSWER / ACTION + WHY

R75. Inconclusive evidence is not established infection.

I.C.1.a.2(g)

Human Immunodeficiency Virus (HIV) Infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

A prior HIV-related illness means continued B20 reporting at later encounters.

FICTIONAL PATIENT EXAMPLE

A patient with a documented past HIV-related illness has no symptoms today.



CODING ANSWER / ACTION + WHY

B20. Do not revert to Z21 or R75.

I.C.1.a.2(h)

Human Immunodeficiency Virus (HIV) Infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

For symptomatic HIV or related illness in pregnancy, childbirth, or puerperium, sequence the applicable O98.7 code first.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider documents symptomatic HIV disease complicating a pregnancy.



CODING ANSWER / ACTION + WHY

Applicable O98.7- code, then B20 and reportable related illnesses. Obstetric priority applies.

I.C.1.a.2(h)

Human Immunodeficiency Virus (HIV) Infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS



GUIDELINE IN PLAIN LANGUAGE

For asymptomatic HIV status in pregnancy, childbirth, or puerperium, add Z21 after the applicable obstetric code.

FICTIONAL PATIENT EXAMPLE

Fictional record: The chart documents asymptomatic HIV infection status complicating pregnancy.

CODING ANSWER / ACTION + WHY

Applicable O98.7- code then Z21. The record supports status rather than disease.

I.C.1.a.2(i)

Human Immunodeficiency Virus (HIV) Infections

OUTPATIENT EXAMPLE



GUIDELINE IN PLAIN LANGUAGE

Use the screening code when testing an asymptomatic patient for HIV; add supported high-risk behavior when applicable.

FICTIONAL PATIENT EXAMPLE

An asymptomatic patient receives routine HIV screening.

CODING ANSWER / ACTION + WHY

Z11.4. This is a screening encounter.

I.C.1.a.2(i)

Human Immunodeficiency Virus (HIV) Infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

When signs or symptoms prompt HIV testing, report those findings, plus counseling if provided and applicable.

FICTIONAL PATIENT EXAMPLE

Fictional record: Fever prompts HIV testing, and counseling is provided.



CODING ANSWER / ACTION + WHY

Report the supported fever code and Z71.7 as applicable; omit Z11.4.

I.C.1.a.2(i)

Human Immunodeficiency Virus (HIV) Infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

For follow-up of negative HIV test results, report Z71.7; positive results follow the disease/status guidance.

FICTIONAL PATIENT EXAMPLE

The patient returns to discuss a negative HIV test.



CODING ANSWER / ACTION + WHY

Z71.7. The purpose is follow-up regarding the result.

I.C.1.a.2(j)

Human Immunodeficiency Virus (HIV) Infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Antiretroviral medication does not distinguish HIV disease from asymptomatic status; use the documented diagnosis.

FICTIONAL PATIENT EXAMPLE

One patient has HIV disease and another has asymptomatic status; both take long-term antiretrovirals.



CODING ANSWER / ACTION + WHY

B20 for the first, Z21 for the second. Z79.899 may be added for long-term use.

I.C.1.a.2(k)

Human Immunodeficiency Virus (HIV) Infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Use Z29.81 for an encounter for HIV pre-exposure prophylaxis; add documented risk factors as applicable.

FICTIONAL PATIENT EXAMPLE

A patient without HIV presents for administration of PrEP.



CODING ANSWER / ACTION + WHY

Z29.81. The medication is for prevention.

I.C.1.b

Infectious agents as causes of diseases classified elsewhere

ALL SETTINGS; FOLLOW STATED EXCEPTIONS



GUIDELINE IN PLAIN LANGUAGE

If an infection code does not identify its documented causative agent, add the applicable organism code as directed.

FICTIONAL PATIENT EXAMPLE

Fictional record: Acute cystitis without hematuria is due to unspecified E. coli.

CODING ANSWER / ACTION + WHY

N30.00 followed by B96.20. The organism needs a second code.

I.C.1.c

Infections resistant to antibiotics

ALL SETTINGS; FOLLOW STATED EXCEPTIONS



GUIDELINE IN PLAIN LANGUAGE

If the infection code does not show antibiotic resistance, add the applicable Z16 code.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider identifies an infection resistant to an antibiotic; the verified infection code does not capture resistance.

CODING ANSWER / ACTION + WHY

Report the infection and add the applicable Z16 code. Do not add redundant resistance detail when already captured.

I.C.1.d.1(a)

Sepsis, Severe Sepsis, and Septic Shock

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

For confirmed sepsis, use the systemic infection code, using A41.9 if the organism is unspecified.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider documents sepsis without identifying an organism or related acute dysfunction.



CODING ANSWER / ACTION + WHY

A41.9. Do not add severe sepsis without support.

I.C.1.d.1(a)(i)

Sepsis, Severe Sepsis, and Septic Shock

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Negative or inconclusive cultures do not by themselves exclude documented sepsis; query as needed.

FICTIONAL PATIENT EXAMPLE

Fictional record: The discharge diagnoses sepsis, but cultures were negative.



CODING ANSWER / ACTION + WHY

Do not discard the diagnosis solely because of culture results. Clarify unclear or conflicting documentation.

I.C.1.d.1(a)(ii)

Sepsis, Severe Sepsis, and Septic Shock

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Urosepsis is not synonymous with sepsis and has no default code.

FICTIONAL PATIENT EXAMPLE

Fictional record: The discharge diagnosis says urosepsis with no clarification.



CODING ANSWER / ACTION + WHY

Query the provider. Do not substitute sepsis or a UTI on assumption.

I.C.1.d.1(a)(iii)

Sepsis, Severe Sepsis, and Septic Shock

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Acute organ dysfunction must be associated with sepsis for severe sepsis coding. Query if the link is unclear.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider documents sepsis and acute kidney failure but gives no relationship.



CODING ANSWER / ACTION + WHY

Query about the relationship. Do not infer severe sepsis from co-occurrence.

I.C.1.d.1(b)

Sepsis, Severe Sepsis, and Septic Shock

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

For severe sepsis, report systemic infection, the applicable R65.2 code, and associated acute organ dysfunction.

FICTIONAL PATIENT EXAMPLE

Fictional record: Sepsis of unspecified organism causes documented severe sepsis with acute kidney failure and no shock.



CODING ANSWER / ACTION + WHY

A41.9, R65.20 and N17.9 for unspecified acute kidney failure.

I.C.1.d.2

Sepsis, Severe Sepsis, and Septic Shock

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

For nonprocedural septic shock, sequence the systemic infection first, then R65.21; add other acute dysfunction as appropriate.

FICTIONAL PATIENT EXAMPLE

Fictional record: Documented sepsis of unspecified organism causes septic shock.



CODING ANSWER / ACTION + WHY

A41.9 then R65.21. The shock code cannot be principal.

I.C.1.d.3

Sepsis, Severe Sepsis, and Septic Shock

INPATIENT EXAMPLE



GUIDELINE IN PLAIN LANGUAGE

When severe sepsis is present on admission and meets the principal definition, sequence the infection first. If it develops later, report it as secondary.

FICTIONAL PATIENT EXAMPLE

Fictional record: A fracture occasions admission; severe sepsis develops days later.

CODING ANSWER / ACTION + WHY

Keep the fracture principal; report the verified severe sepsis codes as additional diagnoses.

I.C.1.d.4

Sepsis, Severe Sepsis, and Septic Shock

INPATIENT EXAMPLE



GUIDELINE IN PLAIN LANGUAGE

When sepsis with localized infection occasions admission, sequence the systemic infection first and add the local infection.

FICTIONAL PATIENT EXAMPLE

Fictional record: Sepsis and the pneumonia causing it are both present on admission; sepsis occasions admission.

CODING ANSWER / ACTION + WHY

Systemic infection first, pneumonia additional; add severe sepsis codes if supported.

I.C.1.d.4

Sepsis, Severe Sepsis, and Septic Shock

INPATIENT EXAMPLE

GUIDELINE IN PLAIN LANGUAGE

If the localized infection occasions admission and sepsis develops later, keep the localized infection first.

FICTIONAL PATIENT EXAMPLE

A patient is admitted for pneumonia and develops sepsis afterward.



CODING ANSWER / ACTION + WHY

Pneumonia remains principal; sepsis is secondary.

I.C.1.d.5(a)

Sepsis, Severe Sepsis, and Septic Shock

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

A postprocedural infection or sepsis linkage must be documented; query when unclear.

FICTIONAL PATIENT EXAMPLE

Fictional record: Sepsis follows surgery but the record does not say it is related.



CODING ANSWER / ACTION + WHY

Query as appropriate. Timing alone does not establish a procedural complication.

I.C.1.d.5(b)

Sepsis, Severe Sepsis, and Septic Shock

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

For sepsis due to a surgical site infection, follow the site, postprocedural sepsis, and organism instructions as applicable.

FICTIONAL PATIENT EXAMPLE

Fictional record: Sepsis is linked to a documented deep incisional surgical site infection.



CODING ANSWER / ACTION + WHY

Verify the applicable surgical site infection code first, then T81.44- and the infectious agent as directed. Add severe sepsis detail when supported.

I.C.1.d.5(b)

Sepsis, Severe Sepsis, and Septic Shock

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

For sepsis due to a device, infusion or similar complication, follow the relevant complication-code and systemic infection instructions.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider links sepsis to a central venous catheter infection.



CODING ANSWER / ACTION + WHY

Verify the applicable device complication first, followed by the systemic infection as instructed.

I.C.1.d.5(c)

Sepsis, Severe Sepsis, and Septic Shock

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Use postprocedural septic shock coding for shock linked to a postprocedural infection; do not also assign R65.21.

FICTIONAL PATIENT EXAMPLE

A patient develops documented septic shock due to a surgical site infection.



CODING ANSWER / ACTION + WHY

Sequence the precipitating infection codes before the applicable T81.12- code; add other acute dysfunction codes as applicable.

I.C.1.d.6

Sepsis, Severe Sepsis, and Septic Shock

INPATIENT EXAMPLE

GUIDELINE IN PLAIN LANGUAGE

If a noninfectious condition leads to infection and meets principal criteria, it may lead; follow sequencing instructions and add infection and severity as applicable.

FICTIONAL PATIENT EXAMPLE

Fictional record: A serious burn occasions admission and later becomes infected, causing severe sepsis.



CODING ANSWER / ACTION + WHY

The burn remains principal. Add the verified infection, severe sepsis and associated dysfunction codes.

I.C.1.d.7

Sepsis, Severe Sepsis, and Septic Shock

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

For obstetric sepsis or septic shock, follow the applicable Chapter 15 guidance.

FICTIONAL PATIENT EXAMPLE

Fictional record: Sepsis is documented as complicating childbirth.



CODING ANSWER / ACTION + WHY

Apply the obstetric sepsis pathway and its priority instructions, rather than using the ordinary adult sequence alone.

I.C.1.d.8

Sepsis, Severe Sepsis, and Septic Shock

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Apply the newborn-specific sepsis rules when appropriate.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider diagnoses bacterial sepsis of a newborn.



CODING ANSWER / ACTION + WHY

Look to P36 and Chapter 16 guidance. Verify organism and any additional codes.

I.C.1.d.9

Sepsis, Severe Sepsis, and Septic Shock

INPATIENT EXAMPLE

GUIDELINE IN PLAIN LANGUAGE

If sepsis-associated HUS is the reason for admission, sequence D59.31 first.

FICTIONAL PATIENT EXAMPLE

Fictional record: Infection-associated HUS due to sepsis chiefly occasions admission.



CODING ANSWER / ACTION + WHY

D59.31 first; report the applicable sepsis and severe sepsis details as additional diagnoses.

I.C.1.e.1(a)

Methicillin Resistant Staphylococcus aureus (MRSA)

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Use the MRSA combination code when it already identifies the infection and organism.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider diagnoses MRSA pneumonia.



CODING ANSWER / ACTION + WHY

J15.212. Do not add B95.62 or a resistance code for the same infection.

I.C.1.e.1(b)

Methicillin Resistant Staphylococcus aureus (MRSA)

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

When the infection lacks an MRSA combination code, code the site and add B95.62; do not add a redundant resistance code.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider documents a reportable MRSA wound infection with no combination code for the site.



CODING ANSWER / ACTION + WHY

Verify the site code and add B95.62. Do not also add a methicillin resistance code.

I.C.1.e.1(c)

Methicillin Resistant Staphylococcus aureus (MRSA)

OUTPATIENT EXAMPLE

GUIDELINE IN PLAIN LANGUAGE

Carrier status is different from infection. Use the documented MRSA or MSSA colonization status code.

FICTIONAL PATIENT EXAMPLE

Fictional record: Preoperative screening is documented as MRSA colonization without infection.



CODING ANSWER / ACTION + WHY

Z22.322. MSSA colonization uses Z22.321 when documented instead.

I.C.1.e.1(d)

Methicillin Resistant Staphylococcus aureus (MRSA)

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Documented MRSA colonization and MRSA infection can both be reported when applicable.

FICTIONAL PATIENT EXAMPLE

A patient has documented MRSA nasal colonization and separately treated MRSA pneumonia.



CODING ANSWER / ACTION + WHY

J15.212 plus Z22.322 when both are reportable. The two codes describe distinct states.

I.C.1.f.1

Zika virus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Code only confirmed Zika. For suspected Zika, report supported symptoms or exposure as applicable.

FICTIONAL PATIENT EXAMPLE

Fictional record: A discharge note says possible Zika with a rash, without confirmation.



CODING ANSWER / ACTION + WHY

Do not assign A92.5. Code the supported finding or exposure as appropriate.

I.C.1.g.1(a)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Apply the COVID-19 confirmation rule; suspected or possible COVID-19 is not coded as confirmed.

FICTIONAL PATIENT EXAMPLE

Fictional record: The ED provider documents probable COVID-19 only; test results are unknown.



CODING ANSWER / ACTION + WHY

Do not use U07.1. Report supported symptoms and exposure as applicable.

I.C.1.g.1(b)

Coronavirus infections

INPATIENT EXAMPLE

GUIDELINE IN PLAIN LANGUAGE

When COVID-19 meets the principal or first-listed definition, it generally leads, subject to applicable sequencing exceptions.

FICTIONAL PATIENT EXAMPLE

A nonpregnant patient is admitted for confirmed COVID-19 pneumonia, without an exception.



CODING ANSWER / ACTION + WHY

U07.1 then J12.82. Apply other priority rules when required.

I.C.1.g.1(c)(i)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Use the specific pneumonia code for pneumonia confirmed as due to COVID-19.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider confirms COVID-19 pneumonia.



CODING ANSWER / ACTION + WHY

U07.1 and J12.82.

I.C.1.g.1(c)(ii)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Distinguish acute bronchitis due to COVID-19 from bronchitis without an acute or chronic designation.

FICTIONAL PATIENT EXAMPLE

One patient has COVID-19 acute bronchitis; another has COVID-19 bronchitis NOS.



CODING ANSWER / ACTION + WHY

Add J20.8 in the first case and J40 in the second, with U07.1.

I.C.1.g.1(c)(iii)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

The documented respiratory infection wording changes the additional code.

FICTIONAL PATIENT EXAMPLE

Fictional record: COVID-19 is linked to a lower respiratory infection NOS in one chart and respiratory infection NOS in another.



CODING ANSWER / ACTION + WHY

Use U07.1 with J22 for the first and J98.8 for the second.

I.C.1.g.1(c)(iv)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Report ARDS as an additional code for ARDS due to COVID-19.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider documents COVID-19 causing ARDS.



CODING ANSWER / ACTION + WHY

U07.1 and J80.

I.C.1.g.1(c)(v)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Add the applicable acute respiratory failure code for failure due to COVID-19.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider documents acute respiratory failure with hypoxia due to COVID-19.



CODING ANSWER / ACTION + WHY

U07.1 and J96.01. The failure code reflects hypoxia.

I.C.1.g.1(d)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

When a nonrespiratory manifestation of COVID-19 drives the encounter, list COVID-19 first under this rule and add the manifestation.

FICTIONAL PATIENT EXAMPLE

Fictional record: COVID-19 viral enteritis occasions the visit.



CODING ANSWER / ACTION + WHY

U07.1 first, then the applicable enteritis code.

I.C.1.g.1(e)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Use Z20.822 for actual or suspected exposure when infection is not established under the exposure rule.

FICTIONAL PATIENT EXAMPLE

An asymptomatic patient is evaluated after household exposure; no infection is diagnosed.



CODING ANSWER / ACTION + WHY

Z20.822. Known exposure is not routine screening.

I.C.1.g.1(f)

Coronavirus infections

OUTPATIENT EXAMPLE

GUIDELINE IN PLAIN LANGUAGE

Use Z11.52 for COVID-19 screening, including preoperative screening.

FICTIONAL PATIENT EXAMPLE

An asymptomatic patient without known exposure receives preoperative COVID-19 screening.



CODING ANSWER / ACTION + WHY

Z11.52. The purpose is screening.

I.C.1.g.1(g)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Report symptoms when COVID-19 is not established; add exposure when documented.

FICTIONAL PATIENT EXAMPLE

An exposed patient has acute cough; no COVID-19 diagnosis is confirmed.



CODING ANSWER / ACTION + WHY

R05.1 plus Z20.822. Do not assign U07.1.

I.C.1.g.1(h)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

For an asymptomatic positive test without provider diagnosis, query the provider.

FICTIONAL PATIENT EXAMPLE

An asymptomatic patient has a positive result but no diagnostic statement.



CODING ANSWER / ACTION + WHY

Query to confirm whether the patient has COVID-19.

I.C.1.g.1(i)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS



GUIDELINE IN PLAIN LANGUAGE

Use the personal history code for resolved COVID-19 when relevant.

FICTIONAL PATIENT EXAMPLE

Fictional record: A visit notes a past resolved COVID-19 infection without residual illness.

CODING ANSWER / ACTION + WHY

Z86.16 when reportable; there is no active COVID-19.

I.C.1.g.1(j)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS



GUIDELINE IN PLAIN LANGUAGE

Use follow-up and history codes when the infection has resolved, testing is negative, and there are no residuals.

FICTIONAL PATIENT EXAMPLE

The patient returns after recovery and has a negative test and no ongoing symptoms.

CODING ANSWER / ACTION + WHY

Z09 then Z86.16. Residual conditions use a different pathway.

I.C.1.g.1(k)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Use Z01.84 for antibody testing that is neither diagnosis of current infection nor follow-up after resolved infection.

FICTIONAL PATIENT EXAMPLE

Fictional record: The only reason for the visit is an antibody response check under those conditions.



CODING ANSWER / ACTION + WHY

Z01.84. Code the reason for the test.

I.C.1.g.1(l)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

With active COVID-19 and MIS, list COVID-19 first and add MIS and any associated complications.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider diagnoses active COVID-19 and MIS.



CODING ANSWER / ACTION + WHY

U07.1 then M35.81. Add supported MIS complications as applicable.

I.C.1.g.1(l)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

For MIS following prior COVID-19, use MIS and the post-COVID code.

FICTIONAL PATIENT EXAMPLE

A recovered patient develops documented MIS associated with the prior infection.



CODING ANSWER / ACTION + WHY

M35.81 and U09.9; add supported complications.

I.C.1.g.1(l)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

With MIS and documented exposure but no current or prior COVID-19, report MIS and exposure.

FICTIONAL PATIENT EXAMPLE

A patient with MIS had a known contact but has no active or past COVID-19.



CODING ANSWER / ACTION + WHY

M35.81 and Z20.822; add supported complications.

I.C.1.g.1(m)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Code the known residual associated with a prior infection and add U09.9. Do not use it for a current infection manifestation.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider links ongoing shortness of breath to resolved COVID-19.



CODING ANSWER / ACTION + WHY

R06.02 followed by U09.9. The symptom is a residual of the earlier infection.

I.C.1.g.1(m)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Both U07.1 and U09.9 may be appropriate for a new active infection plus a separate residual of an old infection.

FICTIONAL PATIENT EXAMPLE

Fictional record: The provider distinguishes current COVID-19 pneumonia from persistent symptoms linked to a prior infection.



CODING ANSWER / ACTION + WHY

Report active COVID-19 and pneumonia plus the supported old residual and U09.9, following applicable sequence.

I.C.1.g.1(n)

Coronavirus infections

ALL SETTINGS; FOLLOW STATED EXCEPTIONS

GUIDELINE IN PLAIN LANGUAGE

Distinguish unvaccinated status from partial vaccination under recommendations at the encounter date.

FICTIONAL PATIENT EXAMPLE

One patient has received no COVID-19 vaccines; another is documented as partially vaccinated.



CODING ANSWER / ACTION + WHY

Z28.310 for the first and Z28.311 for the second when reportable.