Tips & Tricks

Find & assign symptom codes when appropriate

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Guidelines for Symptoms

Codes for symptoms, signs, and ill-defined conditions from Chapter 18 are not to be used as principal diagnosis when a related definitive diagnosis has been established. **(Section II.A)**

Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes *when a related definitive diagnosis has not been established (confirmed) by the provider.* **(Section I.B.4)**

Guidelines for Symptoms

Do not code diagnoses documented as "probable", "suspected," "questionable," "rule out," or "working diagnosis" or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit … **(Section IV.H)**

Guidelines for Symptoms

Codes for signs and symptoms may be reported in addition to a related definitive diagnosis when the sign or symptom is not routinely associated with that diagnosis, such as the various signs and symptoms associated with complex syndromes. The definitive diagnosis code should be sequenced before the symptom code. Signs or symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification. **(Section I.C.18.b)**

Guidelines for Symptoms

Signs and symptoms that point to a specific diagnosis have been assigned to a category in other chapters of the classification. **(Section I.C.18)**

ICD-10-CM contains a number of combination codes that identify both the definitive diagnosis and common symptoms of that diagnosis. When using one of these combination codes, an additional code should not be assigned for the symptom. **(Section I.C.18.c)**