

Text Chapter 18 includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded. Signs and symptoms that point to a specific diagnosis have been assigned to a category in other chapters of the classification.

Codes in this chapter begin with R.

- Use of symptom codes
 - Codes that describe symptoms and signs are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider.
 - Codes in this chapter could be designated “not otherwise specified,” “unknown etiology” or “transient.”
- Use of a symptom code with a definitive diagnosis code
 - 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.
- Combination codes that include symptoms
 - 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.
- Repeated falls
 - Code (R29.6), Repeated falls, is for use for encounters when a patient has recently fallen and the reason for the fall is being investigated.
 - Code (Z91.81), History of falling, is for use when a patient has fallen in the past and is at risk for future falls. When appropriate, both codes (R29.6) and (Z91.81) may be assigned together.
- The conditions and signs or symptoms included in categories (R00 – R94) consist of:
 - Cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated.
 - Signs or symptoms existing at the time of initial encounter that proved to be transient and whose case could not be determined.
 - Provisional diagnosis in a patient who failed to return for further investigation or care.
 - Cases referred elsewhere for investigation or treatment before the diagnosis was made.
 - Cases in which a more precise diagnosis was not available for any other reason.
 - Certain symptoms for which supplementary information is provided, that represent important problems in medical care in their own right.

- Coma Scale Codes (R40.2)
 - Use in conjunction with traumatic brain injury codes and sequelae of cerebrovascular disease codes.
 - May never be the primary diagnosis; must be preceded by the etiology diagnosis.
 - May be coded based on information in the chart provided by non-physician healthcare providers.

- NIHSS Stroke Scale (National Institutes of Health) (R29.7)
 - May never be the primary diagnosis; must be preceded by the acute stroke code.
 - May never be coded on a home care of hospice POC/claim because acute strokes cannot be coded in home health or hospice.
 - May be coded on the OASIS for M1011 and M1017, when applicable.