

## CHAPTER 8

# SIGNS, SYMPTOMS, AND ILL-DEFINED CONDITIONS

### Author

*Miss Kumari Preeti, Assistant Professor, Vidyawati  
Devi College of Pharmacy, Salempur, Deoria, Uttar  
Pradesh, India*

---

### Abstract

The classification and usage of R-codes (R00-R99) encompasses signs, symptoms, and ill-defined conditions in healthcare settings. A systematic categorization of symptoms spans major body systems including circulatory, respiratory, digestive, skin, nervous, musculoskeletal, and urinary systems, along with cognitive and general symptoms. Clear guidelines establish when to code signs and symptoms as primary or secondary diagnoses, emphasizing their use when no definitive diagnosis exists or when symptoms require additional monitoring beyond the primary condition. Distinct differences exist between inpatient and outpatient coding practices for uncertain diagnoses, with inpatient settings allowing coding of probable, suspected, or rule-out conditions, while outpatient settings require coding only confirmed diagnoses or presenting symptoms. Documentation requirements include symptom description, duration, severity, and treatment provided. Handling rule-out conditions and unspecified codes requires careful attention to documentation accuracy and appropriate use when clinical information is limited or unavailable.

**Keywords:** *R-codes; symptom classification; diagnostic uncertainty; documentation requirements; coding guidelines*

## Learning Objectives

After completion of the chapter, the learner should be able to:

- Identify and classify R-codes according to body systems and symptom categories
- Differentiate between appropriate uses of signs and symptoms as primary versus secondary diagnoses
- Apply correct coding guidelines for uncertain diagnoses in both inpatient and outpatient settings
- Evaluate documentation requirements for proper assignment of symptom codes
- Demonstrate proper usage of unspecified codes and understanding of rule-out conditions
- Recognize when to query healthcare providers for additional documentation clarity.

## R CODES USAGE

### **S**ymptoms/Signs Involving:

*Circulatory/Respiratory (R00-R09)*

- Heart rhythms/beats (R00)
- Blood pressure (R03)
- Breathing abnormalities (R06)
- Chest pain (R07)
- Hemorrhage (R04)

*Digestive/Abdomen (R10-R19)*

- Abdominal pain (R10)
- Nausea/vomiting (R11)
- Diarrhea (R15)

- Jaundice (R17)
- Ascites (R18)

*Skin/Subcutaneous (R20-R23)*

- Sensory disturbances (R20)
- Rash (R21)
- Skin changes (R23)

*Nervous/Musculoskeletal (R25-R29)*

- Abnormal movements (R25)
- Gait abnormalities (R26)
- Coordination issues (R27)
- Reflexes (R29)

*Urinary System (R30-R39)*

- Urinary frequency (R35)
- Retention (R33)
- Stream abnormalities (R39)

*Cognition/Perception/Emotion (R40-R46)*

- Somnolence/stupor/coma (R40)
- Cognitive deficits (R41)
- Dizziness (R42)
- Speech disturbances (R47)

*General Symptoms (R50-R69)*

- Fever (R50)
- Headache (R51)
- Pain, general (R52)
- Malaise/fatigue (R53)
- Convulsions (R56)

**Table. Common Signs and Symptoms by Body System with R-Codes**

<b>Body System</b>	<b>R-Code Range</b>	<b>Common Symptoms</b>	<b>Documentation Requirements</b>
Circulatory/Respiratory	R00-R09	Tachycardia, Dyspnea, Chest pain	Frequency, Duration, Location
Digestive/Abdomen	R10-R19	Abdominal pain, Nausea, Jaundice	Severity, Pattern, Associated symptoms
Skin/Subcutaneous	R20-R23	Rash, Numbness, Color changes	Distribution, Appearance, Progression
Nervous/Musculoskeletal	R25-R29	Tremor, Ataxia, Weakness	Location, Intensity, Frequency
Urinary	R30-R39	Frequency, Retention, Dysuria	Volume, Pattern, Associated pain
Cognitive/Emotional	R40-R46	Confusion, Anxiety, Memory loss	Onset, Duration, Impact on function
General	R50-R69	Fever, Fatigue, Pain	Measurements, Duration, Pattern

## WHEN TO CODE SIGNS AND SYMPTOMS

### Primary Diagnosis Coding

- When no definitive diagnosis established
- Signs/symptoms not routinely integral to disease process
- Multiple signs/symptoms without definitive diagnosis
- When signs/symptoms are the focus of treatment

### Secondary Diagnosis Coding

- Not routinely part of disease
- Requires additional monitoring
- Affects patient care
- Independent of primary condition

### Do Not Code When:

- Signs/symptoms are integral part of diagnosed condition
- Routinely associated with disease process
- Signs/symptoms naturally progress to diagnosis
- Diagnostic workup clearly indicates condition

### Documentation Requirements:

- Clear description of symptoms
- Duration and severity
- Treatment provided
- Diagnostic studies performed

**Table. Coding Decision Matrix for Signs and Symptoms**

<b>Scenario</b>	<b>Inpatient Setting</b>	<b>Outpatient Setting</b>	<b>Documentation Needed</b>
Definitive diagnosis established	Do not code symptoms	Do not code symptoms	Final diagnosis
Rule-out conditions	Code as if exists	Code symptoms only	Clinical indicators
Multiple symptoms, no diagnosis	Code all relevant symptoms	Code all relevant symptoms	Each symptom described
Symptoms requiring monitoring	Code as secondary	Code as secondary	Monitoring parameters
Integral to known condition	Do not code separately	Do not code separately	Relationship to condition
Focus of treatment	Code as primary	Code as primary	Treatment plan

## UNCERTAIN DIAGNOSES

### **Inpatient Setting**

- Code diagnoses documented as "probable"
- Code "suspected" conditions
- Code "likely" diagnoses
- Code "questionable" conditions
- Code "rule out" diagnoses

### **Outpatient Setting**

- Do not code uncertain diagnoses
- Code signs/symptoms instead

**END OF PREVIEW**

**PLEASE PURCHASE  
THE COMPLETE BOOK  
TO CONTINUE READING**

**BOOKS ARE AVAILABLE ON  
OUR WEBSITE, AMAZON,  
AND FLIPKART**