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2019 ICD-10-CM/PCS Workshop 1: Major CM Changes Await You

SEPTEMBER 2018

ciox

Objectives

- Discuss *mechanics* of code set expansion
- Review FY 2019 ICD-10-CM codes *by concept*
- Understand driving forces for new concepts
- Create awareness for impactful codes
- Impart basic strategy for effective implementation

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UNDERSTANDING CHANGE

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What Constitutes a Change?

Changes made annually to ICD-10-CM codes can classified into 3 categories

REVISIONS

DELETIONS

ADDITIONS

Delete	Digestive System	K565 Intestinal adhesions [bands] with obstruction (postprocedural) (postinfection)
Add	Digestive System	K5650 Intestinal adhesions [bands], unspecified as to partial versus complete obstruction
Add	Digestive System	K5651 Intestinal adhesions [bands], with partial obstruction
Add	Digestive System	K5652 Intestinal adhesions [bands] with complete obstruction
Delete	Digestive System	K5660 Unspecified intestinal obstruction
Add	Digestive System	K56600 Partial intestinal obstruction, unspecified as to cause
Add	Digestive System	K56601 Complete intestinal obstruction, unspecified as to cause
Add	Digestive System	K56609 Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction

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Why Concern Ourselves with Changes

- Accuracy
  - Appropriate reimbursement
  - Internal data tracking
  - External data monitoring
    - Quality rankings
    - Population health
- Efficiency

MANAGING CHANGE

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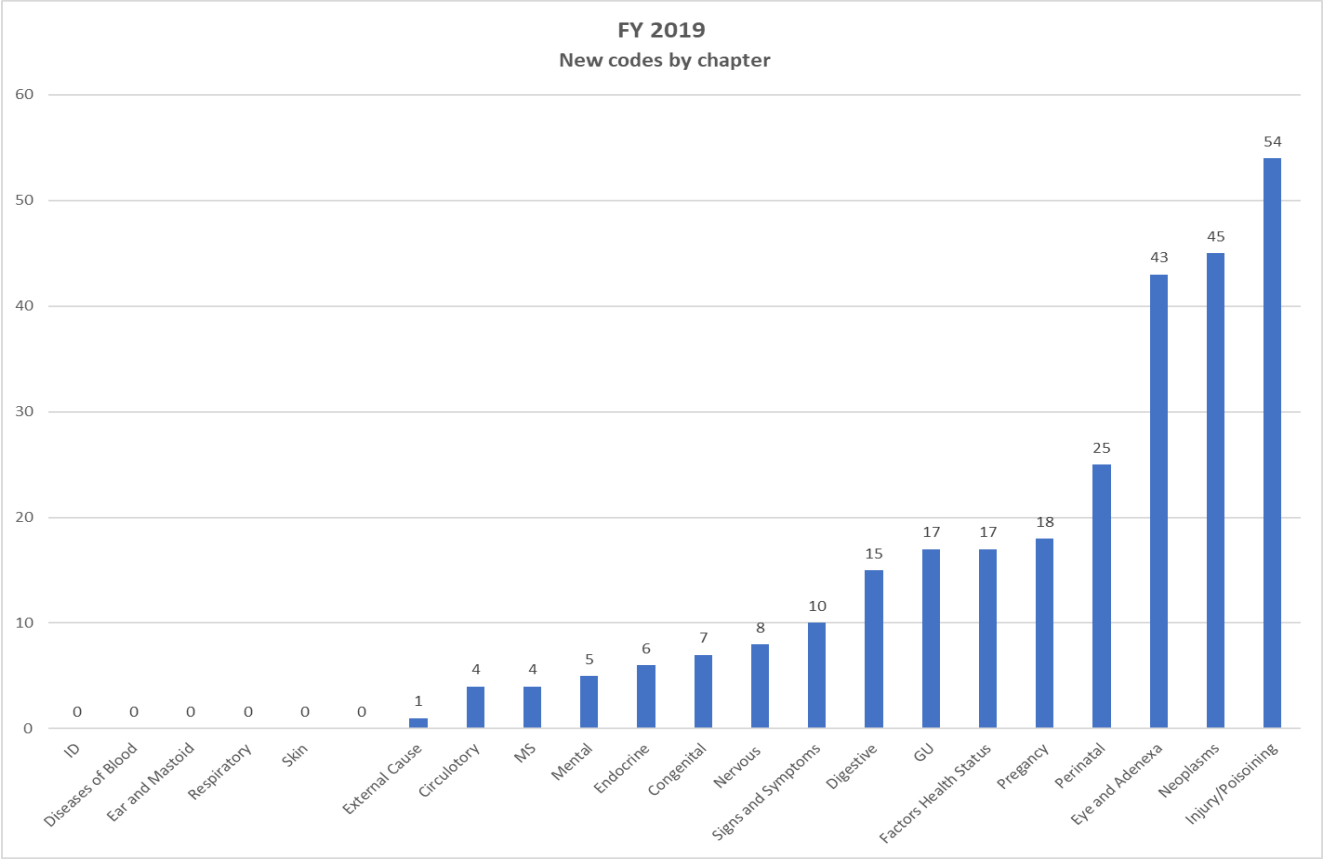
New Code Distribution by Chapter



279 *new codes*

50% of volume in 3 chapters

81 fewer new codes than FY 18

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Distribution by *Concept*

What is a concept?

Concepts are overarching themes that bind groups of codes together

Examples from last year:

Non-pressure chronic ulcer severity

External Cause: Type of Off Road Vehicle such as ATV's

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Why So Many Additions?

- ICD-10-CM is extremely susceptible to exponential growth
- *Singular* concepts end up being applied across *multiple* categories and subcategories

- Example: Disorders of the eyelid involving both the upper and lower lids
  - Right eye, upper and lower eyelids
  - Left eye, upper and lower eyelids

- By allowing for this concept across all branches of the codes these 2 new concepts become 79 new codes

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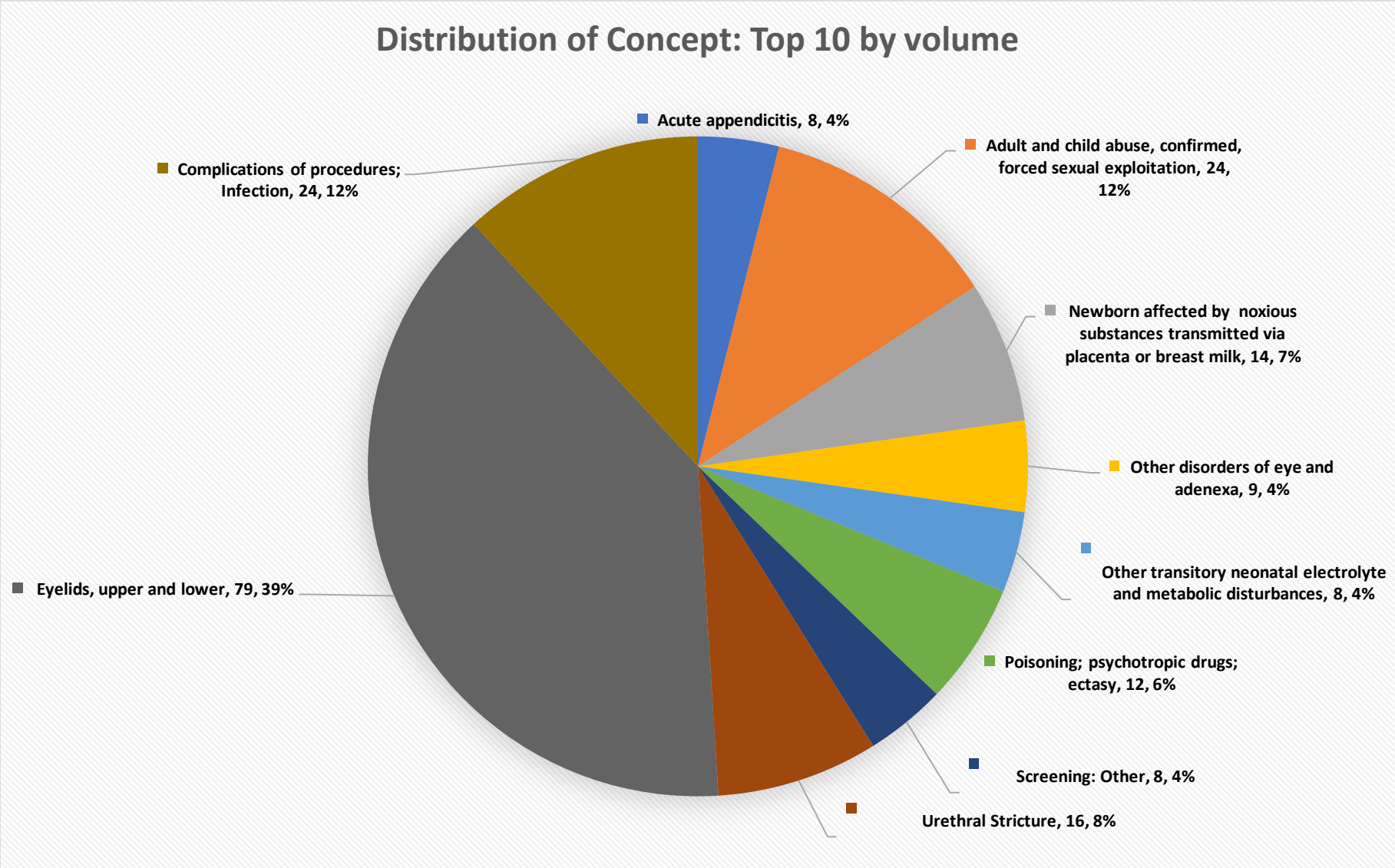
Distribution by *Concept: Top 10 Concepts by volume*



NEW CODES BY CONCEPT
IMPACTFUL CODES

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New Codes by Concept
Neoplasms

UPPER AND LOWER EYELID EXPANSION

Categories affected involving skin of eyelids and canthus:

C43.1- [Malignancy Melanoma of Skin]
C4A.1- [Merkel cell carcinoma]
C44.11- [Basal cell carcinoma of skin]
C44.12- [Squamous cell carcinoma]
C44.13- [Sebaceous cell carcinoma of skin of eyelid, including canthus],
C44.19- [Other specified carcinoma of skin]
D03.1- [Melanoma in situ],
D04.1- [Carcinoma in situ of skin]
D22.1- [Melanocytic nevi]
D23.1- [Other benign neoplasm]

C43.1 Malignant melanoma of eyelid, including canthus

- **C43.10 Malignant melanoma of unspecified eyelid, including canthus**
- **C43.11 Malignant melanoma of right eyelid, including canthus**
  - **C43.111 Malignant melanoma of right upper eyelid, including canthus**
  - **C43.112 Malignant melanoma of right lower eyelid, including canthus**
- **C43.12 Malignant melanoma of left eyelid, including canthus**
  - **C43.121 Malignant melanoma of left upper eyelid, including canthus**
  - **C43.122 Malignant melanoma of left lower eyelid, including canthus**

D23.1 Other benign neoplasm of skin of eyelid, including canthus

- **D23.10 Other benign neoplasm of skin of unspecified eyelid, including canthus**
- **D23.11 Other benign neoplasm of skin of right eyelid, including canthus**
  - **D23.111 Other benign neoplasm of skin of right upper eyelid, including canthus**
  - **D23.112 Other benign neoplasm of skin of right lower eyelid, including canthus**
- **D23.12 Other benign neoplasm of skin of left eyelid, including canthus**
  - **D23.121 Other benign neoplasm of skin of left upper eyelid, including canthus**
  - **D23.122 Other benign neoplasm of skin of left lower eyelid, including canthus**

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New Codes by Concept

Eye and Adnexa: Upper and Lower eyelids

CONDITIONS INVOLVING BOTH UPPER AND LOWER EYELIDS OF SAME EYE

We currently have options for right/left without options for upper or lower or unspecified

- Multiple code subcategories have been expanded to indicate whether a condition involves both eyelids of same eye:
- Example: Unspecified blepharitis right eye, upper and lower eyelids
- Please note: lagophthalmos codes also have new options for bilateral eyes, upper and lower eyelids

- Applies to subcategories
  - H01.- Other inflammation of eyelid
  - H02.2- Lagophthalmos

H01.00A Unspecified blepharitis right eye, upper and lower eyelids
H01.00B Unspecified blepharitis left eye, upper and lower eyelids
H01.01 Ulcerative blepharitis
H01.011 Ulcerative blepharitis right upper eyelid
H01.012 Ulcerative blepharitis right lower eyelid
H01.013 Ulcerative blepharitis right eye, unspecified eyelid
H01.014 Ulcerative blepharitis left upper eyelid
H01.015 Ulcerative blepharitis left lower eyelid
H01.016 Ulcerative blepharitis left eye, unspecified eyelid
H01.019 Ulcerative blepharitis unspecified eye, unspecified eyelid
H01.01A Ulcerative blepharitis right eye, upper and lower eyelids

H02.20B Unspecified lagophthalmos left eye, upper and lower eyelids
H02.20C Unspecified lagophthalmos, bilateral, upper and lower eyelids
H02.21 Cicatricial lagophthalmos
H02.211 Cicatricial lagophthalmos right upper eyelid
H02.212 Cicatricial lagophthalmos right lower eyelid
H02.213 Cicatricial lagophthalmos right eye, unspecified eyelid
H02.214 Cicatricial lagophthalmos left upper eyelid
H02.215 Cicatricial lagophthalmos left lower eyelid
H02.216 Cicatricial lagophthalmos left eye, unspecified eyelid
H02.219 Cicatricial lagophthalmos unspecified eye, unspecified eyelid
H02.21A Cicatricial lagophthalmos right eye, upper and lower eyelids
H02.21B Cicatricial lagophthalmos left eye, upper and lower eyelids

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New Codes by Concept

Eye and Adnexa: Upper and Lower eyelids

MEIBOMIAN GLAND DYSFUNCTION AND PARALYTIC ECTROPION

These 2 new code categories include options for :

- Right upper eyelid
- Left upper eyelid
- Right eyelid, unspecified
- Unspecified eye, unspecified eyelid
- Left upper eyelid
- Left lower eyelid
- Left eye unspecified eyelid
- Upper and lower eyelids, left eye
- Upper and lower eyelids, right eye

H02.8 Other specified disorders of eyelid

- H02.88 Meibomian gland dysfunction of eyelid
  - H02.881 Meibomian gland dysfunction right upper eyelid
  - H02.882 Meibomian gland dysfunction right lower eyelid
  - H02.883 Meibomian gland dysfunction of right eye, unspecified eyelid
  - H02.884 Meibomian gland dysfunction left upper eyelid
  - H02.885 Meibomian gland dysfunction left lower eyelid
  - H02.886 Meibomian gland dysfunction of left eye, unspecified eyelid
  - H02.889 Meibomian gland dysfunction of unspecified eye, unspecified eyelid
  - H02.88A Meibomian gland dysfunction right eye, upper and lower eyelids

H02 Other disorders of eyelid

- H02.1 Ectropion of eyelid
  - H02.15 Paralytic ectropion of eyelid
    - H02.151 Paralytic ectropion of right upper eyelid
    - H02.152 Paralytic ectropion of right lower eyelid
    - H02.153 Paralytic ectropion of right eye, unspecified eyelid
    - H02.154 Paralytic ectropion of left upper eyelid
    - H02.155 Paralytic ectropion of left lower eyelid
    - H02.156 Paralytic ectropion of left eye, unspecified eyelid

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New Codes by Concept

Injury & Poisoning

ADULT AND CHILD FORCED SEXUAL AND LABOR EXPLOITATION, CONFIRMED

- Human trafficking is a major concern for hospitals across the country, and leaders are preparing their staff to respond to this public health concern
- The International Labour Organization (ILO) estimates that 20.9 million people are trafficked worldwide
- The most common purposes of human trafficking in the United States are for forced sexual exploitation and forced labor exploitation, including domestic servitude
- The new codes, while limited, provide an initial opportunity to identify clinical interactions of victims with the healthcare system

T74.51 Adult forced sexual exploitation, confirmed

T74.52 Child sexual exploitation, confirmed

T74.6 Forced labor exploitation, confirmed

T74.61 Adult forced labor exploitation, confirmed

T74.62 Child forced labor exploitation, confirmed

T76 Adult and child abuse, neglect and other maltreatment, suspected

T76.3 Psychological abuse, suspected
Bullying and intimidation, suspected
Intimidation through social media, suspected

T76.5 Forced sexual exploitation, suspected

T76.51 Adult forced sexual exploitation, suspected

T76.52 Child sexual exploitation, suspected

T76.6 Forced labor exploitation, suspected

T76.61 Adult forced labor exploitation, suspected

T76.62 Child forced labor exploitation, suspected

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New Codes by Concept

Contact with Health Services

ENCOUNTER FOR EXAMINATION AND OBSERVATION OF VICTIM FOLLOWING SEXUAL AND LABOR EXPLOITATION

Z04 Encounter for examination and observation for other reasons

Z04.8 Encounter for examination and observation for other specified reasons

Z04.81 Encounter for examination and observation of victim following forced sexual exploitation

Z04.82 Encounter for examination and observation of victim following forced labor exploitation

Z04.89 Encounter for examination and observation for other specified reasons

PERSONAL HISTORY OF FORCED LABOR OR SEXUAL EXPLOITATION IN CHILDHOOD

Z62.8 Other specified problems related to upbringing

Z62.81 Personal history of abuse in childhood

Z62.813 Personal history of forced labor or sexual exploitation in childhood

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New Codes by Concept
Genitourinary

URETHRAL STRICTURE

- The American Urological Association (AUA) proposed the addition of new codes in order to identify these conditions for unspecified cause of urethral stricture , but known location
- Codes were also added for "overlapping" sites for long and complex strictures

Chapter 14
Diseases of the genitourinary system (N00-N99)

Other diseases of the urinary system (N30-N39)

N35 Urethral stricture

N35.0 Post-traumatic urethral stricture

N35.01 Post-traumatic urethral stricture, male

N35.016 Post-traumatic urethral stricture, male, overlapping sites

N35.1 Postinfective urethral stricture, not elsewhere classified

N35.11 Postinfective urethral stricture, not elsewhere classified, male

N35.116 Postinfective urethral stricture, not elsewhere classified, male, overlappin sites

N35.8 Other urethral stricture

N35.81 Other urethral stricture, male

N35.811 Other urethral stricture, male, meatal

N35.812 Other urethral bulbous stricture, male

N35.813 Other membranous urethral stricture, male

N35.814 Other anterior urethral stricture, male, anterior

N35.816 Other urethral stricture, male, overlapping sites

N35.819 Other urethral stricture, male, unspecified site

N35.82 Other urethral stricture, female

N35.9 Urethral stricture, unspecified

N35.91 Urethral stricture, unspecified, male

N35.911 Unspecified urethral stricture, male, meatal

N35.912 Unspecified bulbous urethral stricture, male

N35.913 Unspecified membranous urethral stricture, male

N35.914 Unspecified anterior urethral stricture, male

N35.916 Unspecified urethral stricture, male, overlapping sites

N35.919 Unspecified urethral stricture, male, unspecified site
Pinhole meatus NOS
Urethral stricture NOS

N35.92 Unspecified urethral stricture, female

Intraoperative and postprocedural complications and disorders of genitourinary system, not

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New Codes by Concept

Zika Virus

CONGENITAL ZIKA VIRUS

American Academy of Pediatrics and the CDC convened a work group consisting of representatives of the CDC, along with physicians representing fetal and newborn medicine, infectious disease pediatrics, developmental and behavioral pediatrics, neurology, and disaster preparedness personnel who are dealing with this public health issue critical that we accurately capture infected in utero or neonates manifesting clinical findings of the Zika virus infection

MCC ALERT

P35 Congenital viral diseases

P35.4 Congenital Zika virus disease

Use Additional code to identify manifestations of congenital Zika virus disease

Transitory endocrine and metabolic disorders specific to newborn (P70-P74)

CONTACT WITH AND (SUSPECTED) EXPOSURE TO ZIKA

Z20 Contact with and (suspected) exposure to communicable diseases

Z20.8 Contact with and (suspected) exposure to other communicable diseases

Z20.82 Contact with and (suspected) exposure to other viral communicable diseases

Z20.821 Contact with and (suspected) exposure to Zika virus

Z28 Immunization not carried out and underimmunization status

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New Codes by Concept

Perinatal Period

INTRAUTERINE EXPOSURE

- New codes to identify specific substances known to cause problems and increased health care utilization in the neonatal population
- Substance use, particularly during pregnancy, is a national crisis requiring state-level tracking and reporting
- A code from P04 category be allowed to be reported with the appropriate withdrawal code from P96 to be able to give a clear picture of a baby in withdrawal and the specific drug causing the withdrawal.
- This will also allow coding of the specific maternal drug when the newborn is affected (e.g., low birth weight), however, have not been diagnosed with withdrawal

P04 Newborn affected by noxious substances transmitted via placenta or breast milk

P04.0 Newborn affected by maternal anesthesia and analgesia in pregnancy, labor and delive
Newborn affected by reactions and intoxications from maternal opiates and tranquilizers administered during labor and delivery
Newborn affected by reactions and intoxications from maternal opiates and tranquilizers administered for procedures during pregnancy or labor and delivery

Excludes2: newborn affected by other maternal medication (P04.1-)

P04.1 Newborn affected by other maternal medication
Newborn affected by cancer chemotherapy
Newborn affected by cytotoxic drugs

Code first withdrawal symptoms from maternal use of drugs of addiction, if applicable (P96.1)

Excludes1: maternal use of drugs of addiction (P04.4-)

Excludes2: maternal anesthesia and analgesia in pregnancy, labor and delivery (P04.0)
maternal use of drugs of addiction (P04.4-)

P04.11 Newborn affected by maternal antineoplastic chemotherapy

P04.12 Newborn affected by maternal cytotoxic drugs

P04.13 Newborn affected by maternal use of anticonvulsants

P04.14 Newborn affected by maternal use of opiates

P04.15 Newborn affected by maternal use of antidepressants

P04.16 Newborn affected by maternal use of amphetamines

P04.17 Newborn affected by maternal use of sedative-hypnotics

P04.1A Newborn affected by maternal use of anxiolytics

P04.18 Newborn affected by other maternal medication

P04.19 Newborn affected by maternal use of unspecified medication

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New Codes by Concept

Perinatal Period

NEONATAL METABOLIC DISTURBANCES

- The American Academy of Pediatrics requested addition of codes in category P74, Other transitory neonatal electrolyte and metabolic disturbances
- Used to describe transitory conditions that occur during birth or shortly thereafter
- Codes that are currently found in Chapter 4 Endocrine, Nutritional and Metabolic Diseases (E00-E89) do not adequately reflect metabolic disturbances in the major serum electrolytes (sodium, potassium, chloride and bicarbonate) that are specific to the neonate

Transitory endocrine and metabolic disorders specific to newborn (P70-P74)

P74 Other transitory neonatal electrolyte and metabolic disturbances

P74.2 Disturbances of sodium balance of newborn

P74.21 Hypernatremia of newborn

P74.22 Hyponatremia of newborn

P74.3 Disturbances of potassium balance of newborn

P74.31 Hyperkalemia of newborn

P74.32 Hypokalemia of newborn

P74.4 Other transitory electrolyte disturbances of newborn

P74.41 Alkalosis of newborn
Hyperbicarbonatemia

P74.42 Disturbances of chlorine balance of newborn

P74.421 Hyperchloremia of newborn
Hyperchloremic metabolic acidosis

Excludes2: late metabolic acidosis of the newborn (P77.0)

P74.422 Hypochloremia of newborn

P74.49 Other transitory electrolyte disturbance of newborn

CC ALERT

New Codes by Concept

Pregnancy, Childbirth & Puerperium

MULTIPLE PREGNANCY - TRIPLETS AND ABOVE - AMNION AND CHORION EQUAL TO FETUS NUMBER

- In multiple pregnancy, two or more fetuses may share a placenta (monochorionic) and may also share an amniotic sac (monoamniotic).
- Multiple pregnancies with monochorionic pairs have much greater risk of perinatal mortality
- Prior to FY 2019 categories reflect the conditions potentially associated with higher morbidity and fetal loss, where there are monochorionic or monoamniotic pairs in triplets, quadruplets, or other multiple pregnancies. However, the codes did not reflect the more common cases, where each fetus has its own amniotic sac and placenta

O30 Multiple gestation

CC ALERT

O30.1 Triplet pregnancy

O30.13 Triplet pregnancy, trichorionic/triamniotic

O30.131 Triplet pregnancy, trichorionic/triamniotic, first trimester

O30.132 Triplet pregnancy, trichorionic/triamniotic, second trimester

O30.133 Triplet pregnancy, trichorionic/triamniotic, third trimester

O30.139 Triplet pregnancy, trichorionic/triamniotic, unspecified trimester

O30.2 Quadruplet pregnancy

O30.23 Quadruplet pregnancy, quadrachorionic/quadra-amniotic

O30.231 Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester

O30.232 Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester

O30.233 Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester

O30.239 Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester

O30.8 Other specified multiple gestation

O30.83 Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses
Pentachorionic, penta-amniotic pregnancy (quintuplets)
Hexachorionic, hexa-amniotic pregnancy (sextuplets)
Heptachorionic, hepta-amniotic pregnancy (septuplets)

O30.831 Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester

O30.832 Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester

O30.833 Other specified multiple gestation, number of chorions and amnions are

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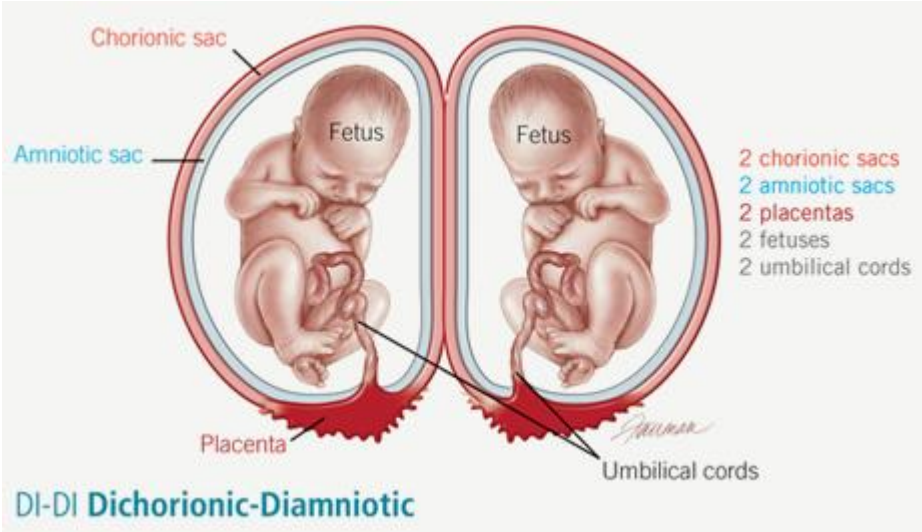
New Codes by Concept

Pregnancy, Childbirth & Puerperium

MULTIPLE PREGNANCY - TRIPLETS AND ABOVE - AMNION AND CHORION EQUAL TO FETUS NUMBER

Monochorionic
Diamniotic

Twin pregnancy, one placenta, two amniotic sacs



Refering to # of Placenta	Refering to # Amnion
Monochorionic	Monoamniotic
Dichorionic	Diamniotic
Dichorionic	Triamniotic
Quadra-chorionic	Quadra-amniotic

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New Codes by Concept
Pregnancy, Childbirth & Puerperium

INFECTION OF OBSTETRIC SURGICAL WOUND

- The American Congress of Obstetricians and Gynecologists (ACOG) is requesting code expansion at code category O86.0 Infection of obstetric surgical wound
- Surgical site infections are commonly classified according to their depth: superficial incisional, deep incisional, and organ/space infection

O86 Other puerperal infections

O86.0 Infection of obstetric surgical wound

Excludes1: complications of procedures, not elsewhere classified (T81.4-)
postprocedural fever NOS (R50.82)
postprocedural retroperitoneal abscess (K68.11)

O86.00 Infection of obstetric surgical wound, unspecified

O86.01 Infection of obstetric surgical wound, superficial incisional site
Subcutaneous abscess following an obstetrical procedure
Stitch abscess following an obstetrical procedure

O86.02 Infection of obstetric surgical wound, deep incisional site
Intramuscular abscess following an obstetrical procedure
Sub-fascial abscess following a procedure

O86.03 Infection of obstetric surgical wound, organ and space site
Intraabdominal abscess following an obstetrical procedure
Subphrenic abscess following an obstetrical procedure

O86.04 Sepsis following an obstetrical procedure

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Use Additional code to identify the sepsis

O86.09 Infection of obstetric surgical wound, other surgical site

O90 Complications of the puerperium, not elsewhere classified

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New Codes by Concept
Injury & Poisoning

SURGICAL SITE INFECTIONS

- The Patient Assessment and Outcome Committee of the American Association for the Surgery of Trauma is requesting the following tabular modifications to better distinguish the severity of infections following a procedure
- Surgical site infections are commonly classified according to their depth: superficial incisional, deep incisional, and organ/space infection

CC ALERT

T81 Complications of procedures, not elsewhere classified

T81.4 Infection following a procedure

Excludes2: obstetric surgical wound infection (O86.0-)
postprocedural fever NOS (R50.82)
postprocedural retroperitoneal abscess (K68.11)

T81.40 Infection following a procedure, unspecified

T81.41 Infection following a procedure, superficial incisional surgical site
Subcutaneous abscess following a procedure
Stitch abscess following a procedure

T81.42 Infection following a procedure, deep incisional surgical site
Intra-muscular abscess following a procedure

T81.43 Infection following a procedure, organ and space surgical site
Intra-abdominal abscess following a procedure
Subphrenic abscess following a procedure

T81.44 Sepsis following a procedure

Use Additional code to identify the sepsis

T81.49 Infection following a procedure, other surgical site

T85 Complications of other internal prosthetic devices, implants and grafts

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New Codes by Concept
Digestive System

ACUTE APPENDICITIS

- Requested by the Patient Assessment and Outcome Committee of the American Association for the Surgery of Trauma, to better distinguish the severity of acute appendicitis
- Clinical distinction between "peritonitis" due to inflammation vs. due to bacterial contamination (perforation) with localized vs. generalized contamination

MCC ALERT

K35 Acute appendicitis

K35.2 Acute appendicitis with generalized peritonitis
Perforated appendix NOS
Ruptured appendix NOS

K35.20 Acute appendicitis with generalized peritonitis, without abscess
(Acute) appendicitis with generalized peritonitis NOS

K35.21 Acute appendicitis with generalized peritonitis, with abscess

K35.3 Acute appendicitis with localized peritonitis
Acute appendicitis with or without perforation or rupture with peritonitis NOS
Acute appendicitis with or without perforation or rupture with localized peritonitis
Acute appendicitis with peritoneal abscess

K35.30 Acute appendicitis with localized peritonitis, without perforation or gangre
Acute appendicitis with localized peritonitis NOS

K35.31 Acute appendicitis with localized peritonitis and gangrene, without perforati

K35.32 Acute appendicitis with perforation and localized peritonitis, without absces
(Acute) appendicitis with perforation NOS
Perforated appendix NOS
Ruptured appendix (with localized peritonitis) NOS

K35.33 Acute appendicitis with perforation and localized peritonitis, with abscess
(Acute) appendicitis with (peritoneal) abscess NOS
Ruptured appendix with localized peritonitis and abscess

K35.8 Other and unspecified acute appendicitis

CC ALERT

K35.89 Other acute appendicitis

K35.890 Other acute appendicitis without perforation or gangrene

K35.891 Other acute appendicitis without perforation with gangrene

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New Codes by Concept
Digestive System

DISORDERS OF THE GALLBLADDER AND BILIARY TRACT

- Requested by The Patient Assessment and Outcome Committee of the American Association for the Surgery of Trauma
- Distinctions between cholecystitis without gangrene or perforation, cholecystitis with gangrene without perforation, and cholecystitis with perforation would be helpful to more accurately characterize the severity of cholecystitis.

K81 Cholecystitis

Use Additional code if applicable for associated gangrene of gallbladder (K82.A1), or perforation of gallbladder (K82.A2)

K82 Other diseases of gallbladder

K82.2 Perforation of gallbladder

Excludes1: Perforation of gallbladder in cholecystitis (K82.A2)

K82.A Disorders of gallbladder in diseases classified elsewhere

Code first the type of cholecystitis (K81.-), or cholelithiasis with cholecystitis (K80.00-K80.19, K80.40-K80.47, K80.60-K80.67)

K82.A1 Gangrene of gallbladder in cholecystitis

K82.A2 Perforation of gallbladder in cholecystitis

CC ALERT

CHOLANGITIS

- Primary sclerosing cholangitis (PSC) is a rare, chronic and progressive bile duct disease that damages the bile ducts inside and outside the liver
- There are no treatments to slow down disease progression and no cure for PSC other than liver transplantation

K83.01 Primary sclerosing cholangitis

K83.09 Other cholangitis
- Ascending cholangitis
- Cholangitis NOS
- Primary cholangitis
- Recurrent cholangitis
- Sclerosing cholangitis
- Secondary cholangitis
- Stenosing cholangitis
- Suppurative cholangitis

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New Codes by Concept
Circulatory System

OTHER CEREBRAL INFARCTION
Lacunar Infarction

- The American Academy of Neurology (AAN) requested a distinct code and specific indexing for lacunar infarction
- Lacunar infarcts are cerebral infarcts of small penetrating branch vessels in deeper portions of the brain. This condition accounts for about a quarter of all ischemic strokes

OTHER CEREBROVASCULAR DISEASES

- CADASIL, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy, can cause strokes, brain lesions, and other impairments. It is an autosomal dominant genetic disorder caused by mutations in a gene

MCC ALERT

I63.8 Other cerebral infarction

I63.81 Other cerebral infarction due to occlusion or stenosis of small artery
Lacunar infarction

I63.89 Other cerebral infarction

I67 Other cerebrovascular diseases

I67.8 Other specified cerebrovascular diseases

CC ALERT

I67.85 Hereditary cerebrovascular diseases

I67.850 Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
CADASIL

Code also any associated diagnoses, such as:
epilepsy (G40.-)
stroke (I63.-)
vascular dementia (F01.-)

I67.858 Other hereditary cerebrovascular disease

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New Codes by Concept

Mental, Behavioral & Neurodevelopmental

PUERPERAL PSYCHOSIS

- Postpartum depression is clinically indistinguishable from depression occurring at other times during a woman's life
- Postpartum Psychosis is the most severe form of postpartum psychiatric illness
  - Affects approximately 1-2 per 1000 women after childbirth

F53 Puerperal psychosis
F53 Mental and behavioral disorders associated with the puerperium, not elsewhere classified
Postpartum depression

F53.0 Postpartum depression
Postnatal depression, NOS
Postpartum depression, NOS

F53.1 Puerperal psychosis
Postpartum psychosis
Puerperal psychosis, NOS

FACTITIOUS DISORDER IMPOSED ON ANOTHER

- Otherwise known as factitious disorder by proxy or Munchausen's syndrome by proxy

F68.A Factitious disorder imposed on another
Factitious disorder by proxy
Münchausen's by proxy

CC ALERT

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New Codes by Concept

Endocrine, Nutritional, & Metabolic

OTHER PLASMINOGEN DEFICIENCY

Plasminogen deficiency is a rare genetic disorder caused by the absence or dysfunction of plasminogen, due to mutations in the PLG gene

E88.0 Disorders of plasma-protein metabolism, not elsewhere classified

E88.02 Plasminogen deficiency
- Dysplasminogenemia
- Hypoplasminogenemia
- Type 1 plasminogen deficiency
- Type 2 plasminogen deficiency

Code also, if applicable, ligneous conjunctivitis (H10.51)

Use Additional code for associated findings, such as:
- hydrocephalus (G91.4)
- ligneous conjunctivitis (H10.51)
- otitis media (H67.-)
- respiratory disorder related to plasminogen deficiency (J99)

CC ALERT

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New Codes by Concept

Endocrine, Nutritional, & Metabolic

OTHER DISORDERS OF AMINO-ACID METABOLISM

- Disorders of GABA metabolism are now classified to code E72.8, Other specified disorders of amino-acid metabolism
- GHB is also an illicit drug of abuse and a drug used for facilitated rape, so GHB may also be detected in the urine of abusers and victims. At this time, the finding of elevated levels of GHB in urine could be coded to code R82.5, Elevated urine levels of drugs, medicaments and biological substances

OTHER LIPID STORAGE DISORDERS

- Multiple Sulfatase Deficiency (MSD) is a rare inherited metabolic fatal disease was previously classified as E75.29, Other sphingolipidosis

CC ALERT

E72 Other disorders of amino-acid metabolism

E72.5 Disorders of glycine metabolism

E72.53 Hyperoxaluria
E72.53 Primary hyperoxaluria

E72.8 Other specified disorders of amino-acid metabolism
Disorders of beta-amino-acid metabolism
Disorders of gamma-glutamyl cycle

E72.81 Disorders of gamma aminobutyric acid metabolism
4-hydroxybutyric aciduria
Disorders of GABA metabolism
GABA metabolic defect
GABA transaminase deficiency
GABA-T deficiency
Gamma-hydroxybutyric aciduria
SSADHD
Succinic semialdehyde dehydrogenase deficiency

E72.89 Other specified disorders of amino-acid metabolism
Disorders of beta-amino-acid metabolism
Disorders of gamma-glutamyl cycle

E75 Disorders of sphingolipid metabolism and other lipid storage disorders

E75.2 Other sphingolipidosis

E75.26 Sulfatase deficiency
Multiple sulfatase deficiency (MSD)

E75.29 Other sphingolipidosis
Sulfatase deficiency

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New Codes by Concept

Congenital Malformations & Chromosomal Abnormalities

MONOSOMIES AND DELETIONS FROM AUTOSOMES

Angelman Syndrome

- Angelman Syndrome (AS) is a genetic neurodevelopmental disorder characterized by cognitive disability, motor dysfunction, speech impairment, hyperactivity, seizures, excessive laughing, decreased sleeping, and gastroesophageal reflux
- Previously coded to Q93.5, Other deletions of part of a chromosome

Williams Syndrome

- Williams syndrome (WS) (also known as Williams Beuren syndrome (WBS) is a multi-system, neurodevelopmental disorder
- Genetic disorder caused by a "micro-deletion" on the long arm of chromosome 7
- Previously coded to Q93.88, Other microdeletions

CC ALERT

Chromosomal abnormalities, not elsewhere classified (Q90-Q99)

Q93 Monosomies and deletions from the autosomes, not elsewhere classified

Q93.5 Other deletions of part of a chromosome
Angelman syndrome

Q93.51 Angelman syndrome

Q93.59 Other deletions of part of a chromosome

Q93.8 Other deletions from the autosomes

Q93.82 Williams syndrome

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New Codes by Concept

Mental, Behavioral & Neurodevelopmental

CANNABIS DEPENDENCE/USE WITH WITHDRAWAL

- The American Psychiatric Association (APA) requested new ICD-10-CM codes for Cannabis Withdrawal

F12.2 Cannabis dependence

F12.23 Cannabis dependence with withdrawal

F12.28 Cannabis dependence with other cannabis-induced disorder

F12.288 Cannabis dependence with other cannabis-induced disorder Cannabis withdrawal

F12.9 Cannabis use, unspecified

F12.93 Cannabis use, unspecified with withdrawal

One code (F12.23) is for cases of withdrawal occurring in someone with Cannabis Dependence, and a second code (F12.93) for cases of physiological withdrawal from cannabis occurring in a person who is regularly taking cannabis in contexts other than Cannabis Dependence (for example, under medical supervision).

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NEW MCCS & NEW CCS

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New Additions to the MCC List

MCC ALERT

Code	Description
I63.81	Other cerebral infarction due to occlusion or stenosis of small artery
I63.89	Other cerebral infarction
J80	Acute respiratory distress syndrome
K35.21	Acute appendicitis with generalized peritonitis, with abscess
K35.32	Acute appendicitis with perforation and localized peritonitis, without abscess
K35.33	Acute appendicitis with perforation and localized peritonitis, with abscess
O86.04	Sepsis following an obstetrical procedure
P35.4	Congenital Zika virus disease

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Deletions to the MCC List

Code	Description
B20	Human immunodeficiency virus [HIV] disease
I63.8	Other cerebral infarction
K35.2	Acute appendicitis with generalized peritonitis
K35.3	Acute appendicitis with localized peritonitis
G93.40	Encephalopathy, unspecified
G93.49	Other Encephalopathy

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New Additions to the CC List

CC ALERT

Code	Description
B20**	Human immunodeficiency virus [HIV] disease
E72.81	Disorders of gamma aminobutyric acid metabolism
E72.89	Other specified disorders of amino-acid metabolism
E75.26	Sulfatase deficiency
E88.02	Plasminogen deficiency
F68.A	Factitious disorder imposed on another
G93.40**	Encephalopathy, unspecified
G93.49**	Other Encephalopathy
I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
I67.858	Other hereditary cerebrovascular disease
K35.20	Acute appendicitis with generalized peritonitis, without abscess
K35.30	Acute appendicitis with localized peritonitis, without perforation or gangrene
K35.31	Acute appendicitis with localized peritonitis and gangrene, without perforation
K35.890	Other acute appendicitis without perforation or gangrene
K35.891	Other acute appendicitis without perforation, with gangrene
K82.A2	Perforation of gallbladder in cholecystitis

**Demotions from MCC to CC

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New Additions to the CC List

CC ALERT

Code	Description
O30.131	Triplet pregnancy, trichorionic/triamniotic, first trimester
O30.132	Triplet pregnancy, trichorionic/triamniotic, second trimester
O30.133	Triplet pregnancy, trichorionic/triamniotic, third trimester
O30.231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
O30.232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
O30.233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
O30.831	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester
O30.832	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester
O30.833	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester

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New Additions to the CC List

CC ALERT

Code	Description
P74.41	Alkalosis of newborn
Q93.51	Angelman syndrome
Q93.59	Other deletions of part of a chromosome
Q93.82	Williams syndrome
T81.40XA	Infection following a procedure, unspecified, initial encounter
T81.41XA	Infection following a procedure, superficial incisional surgical site, initial encounter
T81.42XA	Infection following a procedure, deep incisional surgical site, initial encounter
T81.43XA	Infection following a procedure, organ and space surgical site, initial encounter
T81.44XA	Sepsis following a procedure, initial encounter
T81.49XA	Infection following a procedure, other surgical site, initial encounter
T74.51XA	Adult forced sexual exploitation, confirmed, initial encounter
T74.52XA	Child sexual exploitation, confirmed, initial encounter
T74.61XA	Adult forced labor exploitation, confirmed, initial encounter
T74.62XA	Child forced labor exploitation, confirmed, initial encounter
T76.51XA	Adult forced sexual exploitation, suspected, initial encounter
T76.52XA	Child sexual exploitation, suspected, initial encounter
T76.61XA	Adult forced labor exploitation, suspected, initial encounter
T76.62XA	Child forced labor exploitation, suspected, initial encounter

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Deletion to the CC List

Code	Description
E72.8	Other specified disorders of amino-acid metabolism
G71.0	Muscular dystrophy
J80	Acute respiratory distress syndrome
K35.89	Other acute appendicitis
K61.3	Ischiorectal abscess
K83.0	Cholangitis
Q93.5	Other deletions of part of a chromosome
T81.4XXA	Infection following a procedure, initial encounter

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NEW CODES BY CONCEPT
LESS IMPACTFUL CODES

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New Codes by Concept
Injury & Poisoning

POISONING BY ECSTASY

Being able to identify poisoning by ecstasy, and differentiate it from other amphetamines, will allow better tracking of the effects of these different drugs

T43.6 Poisoning by, adverse effect of and underdosing of psychostimulants

T43.64 Poisoning by ecstasy
Poisoning by MDMA
Poisoning by 3,4-methylenedioxymethamphetamine

T43.641 Poisoning by ecstasy, accidental (unintentional)
Poisoning by ecstasy NOS

T43.642 Poisoning by ecstasy, intentional self-harm

T43.643 Poisoning by ecstasy, assault

T43.644 Poisoning by ecstasy, undetermined

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New Codes by Concept
Digestive System

ABSCESS OF ANAL AND RECTAL REGIONS

- Requested by The Patient Assessment and Outcome Committee of the American Association for the Surgery of Trauma
- Most experts categorize abscesses of the anal and rectal regions according to their anatomic location: perianal, ischiorectal, intersphincteric, and supralevator
- The anatomic details determine appropriate treatment and accurate prognostication

K61.1 Rectal abscess

Excludes1:
ischiorectal abscess (K61.3)
ischiorectal abscess (K61.39)

K61.3 Ischiorectal abscess
Abscess of ischiorectal fossa

K61.31 Horseshoe abscess

K61.39 Other ischiorectal abscess
Abscess of ischiorectal fossa
Ischiorectal abscess, NOS

K61.4 Intrasphincteric abscess
Intersphincteric abscess

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New Codes by Concept
Nervous System

MUSCULAR DYSTROPHIES

- There are several major types and dozens of sub-types of muscular dystrophy.1 Most types and sub-types, however, are extremely rare.
- The four most common types of muscular dystrophy are:
- **Becker,**
- **Duchenne, Facioscapulohumeral (FSH)**
- **and Myotonic.** (Current code G71.11).

G71.00 Muscular dystrophy, unspecified

G71.01 Duchenne or Becker muscular dystrophy
Autosomal recessive, childhood type, muscular dystrophy resembling Duchenne or Becker muscular dystrophy
Benign [Becker] muscular dystrophy
Severe [Duchenne] muscular dystrophy

G71.02 Facioscapulohumeral muscular dystrophy
Scapulohumeral muscular dystrophy

G71.09 Other specified muscular dystrophies
Benign scapuloperoneal muscular dystrophy with early contractures [Emery-Dreifuss]

HEMIFACIAL SPASM (HFS)

- The disease and consequent treatment may occur on left, right or both sides
- Codes were requested to add laterality

G51 Facial nerve disorders

G51.3 Clonic hemifacial spasm

G51.31 Clonic hemifacial spasm, right

G51.32 Clonic hemifacial spasm, left

G51.33 Clonic hemifacial spasm, bilateral

G51.39 Clonic hemifacial spasm, unspecified

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New Codes by Concept

Endocrine, Nutritional, & Metabolic

ELEVATED LIPOPROTEIN(A)

- Highly prevalent, codominant genetic lipid disorder and risk factor for cardiovascular disease (CVD) including heart attack, stroke and peripheral arterial disease as well as calcific aortic valve stenosis (CAVS)

E78.4 Other hyperlipidemia
Familial combined hyperlipidemia

E78.41 Elevated Lipoprotein(a)
Elevated Lp(a)

E78.49 Other hyperlipidemia
Familial combined hyperlipidemia

FAMILY HISTORY OF ELEVATED LIPOPROTEIN(A) AND OTHER DISORDER OF LIPOPROTEIN METABOLISM AND OTHER LIPIDEMIA

Z83 Family history of other specific disorders

Z83.4 Family history of other endocrine, nutritional and metabolic diseases

Z83.43 Family history of other disorder of lipoprotein metabolism and other lipidemias

Z83.430 Family history of elevated lipoprotein(a)
Family history of elevated Lp(a)

Z83.438 Family history of other disorder of lipoprotein metabolism and other lipidemia

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New Codes by Concept

Musculoskeletal & Connective Tissue

MYALGIA OF MASTICATION AND AUXILIARY MUSCLES

- The American Association of Oral and Maxillofacial Surgeons (AAOMS) are requesting new codes for specific areas of pain in order to help provide an accurate diagnosis or diagnoses
- The specific area where the pain is coming from helps in determining the treatment sequence since a right temporalis pain could be a trigger point of a neurological problem
- Myalgia of the mastication and auxiliary muscles are the most common complaint of patients who report with temporomandibular dysfunction

M79 Other and unspecified soft tissue disorders, not elsewhere classified

M79.1 Myalgia

M79.10 Myalgia, unspecified site

M79.11 Myalgia of mastication muscle

M79.12 Myalgia of auxiliary muscles, head and neck

M79.18 Myalgia, other site

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New Codes by Concept
Perinatal Period

NEWBORN AFFECTED BY FETAL INFLAMMATORY RESPONSE

- Fetal Inflammatory Response Syndrome (FIRS) is a condition which involves systemic activation of the fetal immune system and affecting the newborn. It is the fetal counterpart of the Systemic Inflammatory Response Syndrome (SIRS) which occurs in adults
- The majority of fetuses exposed to chorioamnionitis develop FIRS

P02 Newborn affected by complications of placenta, cord and membranes

P02.7 Newborn affected by chorioamnionitis
Newborn affected by amnionitis
Newborn affected by membranitis
Newborn affected by placentitis

P02.70 Newborn affected by fetal inflammatory response syndrome
Newborn affected by FIRS

P02.78 Newborn affected by other conditions from chorioamnionitis
Newborn affected by amnionitis
Newborn affected by membranitis
Newborn affected by placentitis

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New Codes by Concept

Contact with Health Services

SCREENING FOR MENTAL HEALTH AND BEHAVIORAL DISORDERS

- Depression and Other Mental health screening, specifically depression, is now being routinely recommended by both government and non-government entities responsible for developing preventive measures and standards.
- **Healthcare Effectiveness Data and Information Set (HEDIS)** includes the rate of depression screening performed on adolescents and adults as part of its measures.
- HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.

Z13 Encounter for screening for other diseases and disorders

Z13.3 Encounter for screening examination for mental health and behavioral disorders

Z13.30 Encounter for screening examination for mental health and behavioral disorders, unspecified

Z13.31 Encounter for screening for depression
Encounter for screening for depression, adult
Encounter for screening for depression for child or adolescent

Z13.32 Encounter for screening for maternal depression
Encounter for screening for perinatal depression

Z13.39 Encounter for screening examination for other mental health and behavioral disorders

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New Codes by Concept

Contact with Health Services

ENCOUNTER FOR SCREENING FOR CERTAIN DEVELOPMENTAL DISORDERS IN CHILDHOOD

- American Academy of Pediatrics (AAP) requested new codes for Z13.4, Encounter for screening for certain developmental disorders in childhood

Z13.4 Encounter for screening for certain developmental disorders in childhood
Encounter for development testing of infant or child

Excludes1: routine development testing of infant or child (Z00.1-)

Excludes2: encounter for routine child health examination (Z00.12-)

Z13.40 Encounter for screening for unspecified developmental delays

Z13.41 Encounter for autism screening

Z13.42 Encounter for screening for global developmental delays (milestones)
Encounter for screening for developmental handicaps in early childhood

Z13.49 Encounter for screening for other developmental delays

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New Codes by Concept

Contact with Health Services

Immunization not carried out due to unavailability of vaccine

- The rise of quality metrics related to patient vaccine rates, it becomes increasingly important to relay information related to vaccine delay or non-compliance
- Vaccine shortages is becoming a growing cause for delayed immunizations.

Z20 Contact with and (suspected) exposure to communicable diseases

Z20.8 Contact with and (suspected) exposure to other communicable diseases

Z20.82 Contact with and (suspected) exposure to other viral communicable diseases

Z20.821 Contact with and (suspected) exposure to Zika virus

Z28 Immunization not carried out and underimmunization status

Z28.8 Immunization not carried out for other reason

Z28.83 Immunization not carried out due to unavailability of vaccine
Delay in delivery of vaccine
Lack of availability of vaccine
Manufacturer delay of vaccine

New Codes by Concept
Eye and Adnexa

Rosacea conjunctivitis
Brow ptosis
Other specified disorders of eye and adnexa

H10.8 Other conjunctivitis

H10.82 Rosacea conjunctivitis

Code first underlying rosacea dermatitis (L71.-)

H10.821 Rosacea conjunctivitis, right eye

H10.822 Rosacea conjunctivitis, left eye

H10.823 Rosacea conjunctivitis, bilateral

H10.829 Rosacea conjunctivitis, unspecified eye

Other disorders of eye and adnexa (H55-H57)

H57 Other disorders of eye and adnexa

H57.8 Other specified disorders of eye and adnexa

H57.81 Brow ptosis

H57.811 Brow ptosis, right

H57.812 Brow ptosis, left

H57.813 Brow ptosis, bilateral

H57.819 Brow ptosis, unspecified

H57.89 Other specified disorders of eye and adnexa

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New Codes by Concept
External Causes of Morbidity

Multiple perpetrators of maltreatment and neglect

Assault (X92-Y09)

Y07 Perpetrator of assault, maltreatment and neglect

Y07.6 Multiple perpetrators of maltreatment and neglect

New Codes by Concept

Congenital Malformations & Chromosomal Abnormalities

Uterine Congenital Anomalies

Congenital malformations of genital organs (Q50-Q56)

Q51 Congenital malformations of uterus and cervix

Q51.2 Other doubling of uterus
Septate uterus, complete or partial
Septate uterus

Q51.20 Other doubling of uterus, unspecified
Septate uterus, unspecified

Q51.21 Other complete doubling of uterus
Complete septate uterus

Q51.22 Other partial doubling of uterus
Partial septate uterus

Q51.28 Other doubling of uterus, other specified
Septate uterus, other specified

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New Codes by Concept
Signs and Symptoms

Other abnormal findings in urine

Abnormal findings on examination of urine, without diagnosis (R80-R82)

R82 Other and unspecified abnormal findings in urine

R82.9 Other and unspecified abnormal findings in urine

R82.99 Other abnormal findings in urine
Cells and casts in urine
Crystalluria
Melanuria

R82.991 Hypocitraturia

R82.992 Hyperoxaluria

Excludes1: Primary hyperoxaluria (E72.53)

R82.993 Hyperuricoscuria

R82.994 Hypercalciuria
Idiopathic hypercalciuria

R82.998 Other abnormal findings in urine
Cells and casts in urine
Crystalluria
Melanuria

Abnormal findings on diagnostic imaging and in function studies, without diagnosis (R90-R94)

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New Codes by Concept
Signs and Symptoms

Abnormal findings on imaging of testis

R93.8 Abnormal findings on diagnostic imaging of other specified body structures
Abnormal finding by radioisotope localization of placenta
Abnormal radiological finding in skin and subcutaneous tissue
Mediastinal shift

R93.81 Abnormal radiologic findings on diagnostic imaging of testis

R93.811 Abnormal radiologic findings on diagnostic imaging of right testicle

R93.812 Abnormal radiologic findings on diagnostic imaging of left testicle

R93.813 Abnormal radiologic findings on diagnostic imaging of testicles, bilateral

R93.819 Abnormal radiologic findings on diagnostic imaging of unspecified testicle

R93.89 Abnormal findings on diagnostic imaging of other specified body structures
Abnormal finding by radioisotope localization of placenta
Abnormal radiological finding in skin and subcutaneous tissue
Mediastinal shift

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SIGNIFICANT CHANGES
FY 2019 CM GUIDELINES

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ICD-10-CM instructional notes clarified

"With"

The word "with" or "in" should be interpreted to mean "associated with" or "due to" when it appears in a code title, the Alphabetic Index **(either under a main term or subterm)**, or an instructional note in the Tabular List. The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated or when another guideline exists that specifically requires a documented linkage between two conditions (e.g., sepsis guideline for "acute organ dysfunction that is not clearly associated with the sepsis").

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SECTION I: General Coding Guidelines

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Documentation *by Clinicians Other than the Patient's Provider*

Code assignment is based on the documentation by patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). There are a few exceptions, such as codes for the Body Mass Index (BMI)**,** depth of non-pressure chronic ulcers, pressure ulcer stage, coma scale, and NIH stroke scale (NIHSS) codes, code assignment may be based on medical record documentation from clinicians who are not the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis), since this information is typically documented by other clinicians involved in the care of the patient (e.g., a dietitian often documents the BMI, a nurse often documents the pressure ulcer stages, and an emergency medical technician often documents the coma scale). However, the associated diagnosis (such as overweight, obesity, acute stroke, or pressure ulcer) must be documented by the patient's provider. If there is conflicting medical record documentation, either from the same clinician or different clinicians, the patient's attending provider should be queried for clarification.

For social determinants of health, such as information found in categories Z55-Z65, Persons with potential health hazards related to socioeconomic and psychosocial circumstances, code assignment may be based on medical record documentation from clinicians involved in the care of the patient who are not the patient's provider since this information represents social information, rather than medical diagnoses.

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SECTION I: General Coding Guidelines

Coding for Healthcare Encounters in Hurricane Aftermath

a. Use of External Cause of Morbidity Codes

An external cause of morbidity code should be assigned to identify the cause of the injury(ies) incurred as a result of the hurricane. The use of external cause of morbidity codes is supplemental to the application of ICD-10-CM codes. External cause of morbidity codes are never to be recorded as a principal diagnosis (first-listed in non-inpatient settings). The appropriate injury code should be sequenced before any external cause codes. The external cause of morbidity codes capture how the injury or health condition happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the place where the event occurred, the activity of the patient at the time of the event, and the person's status (e.g., civilian, military). They should not be assigned for encounters to treat hurricane victims' medical conditions when no injury, adverse effect or poisoning is involved. External cause of morbidity codes should be assigned for each encounter for care and treatment of the injury. External cause of morbidity codes may be assigned in all health care settings. For the purpose of capturing complete and accurate ICD-10-CM data in the aftermath of the hurricane, a healthcare setting should be considered as any location where medical care is provided by licensed healthcare professionals.

b. Sequencing of External Causes of Morbidity Codes

Codes for cataclysmic events, such as a hurricane, take priority over all other external cause codes except child and adult abuse and terrorism and should be sequenced before other external cause of injury codes. Assign as many external cause of morbidity codes as necessary to fully explain each cause. For example, if an injury occurs as a result of a building collapse during the hurricane, external cause codes for both the hurricane and the building collapse should be assigned, with the external causes code for hurricane being sequenced as the first external cause code. For injuries incurred as a direct result of the hurricane, assign the appropriate code(s) for the injuries, followed by the code X37.0-, Hurricane (with the appropriate 7th character), and any other applicable external cause of injury codes. Code X37.0- also should be assigned when an injury is incurred as a

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result of flooding caused by a levee breaking related to the hurricane. Code X38.-, Flood (with the appropriate 7th character), should be assigned when an injury is from flooding resulting directly from the storm. Code X36.0.-, Collapse of dam or man-made structure, should not be assigned when the cause of the collapse is due to the hurricane. Use of code X36.0- is limited to collapses of man-made structures due to earth surface movements, not due to storm surges directly from a hurricane.

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SECTION I: General Coding Guidelines

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c. Other External Causes of Morbidity Code Issues

For injuries that are not a direct result of the hurricane, such as an evacuee that has incurred an injury as a result of a motor vehicle accident, assign the appropriate external cause of morbidity code(s) to describe the cause of the injury, but do not assign code X37.0-, Hurricane. If it is not clear whether the injury was a direct result of the hurricane, assume the injury is due to the hurricane and assign code X37.0-, Hurricane, as well as any other applicable external cause of morbidity codes. In addition to code X37.0-, Hurricane, other possible applicable external cause of morbidity codes include:

W54.0-, Bitten by dog
X30-, Exposure to excessive natural heat
X31-, Exposure to excessive natural cold
X38-, Flood

d. Use of Z codes

Z codes (other reasons for healthcare encounters) may be assigned as appropriate to further explain the reasons for presenting for healthcare services, including transfers between healthcare facilities. The ICD-10-CM Official Guidelines for Coding and Reporting identify which codes maybe assigned as principal or first-listed diagnosis only, secondary diagnosis only, or principal/first-listed or secondary (depending on the circumstances). Possible applicable Z codes include:

Z59.0, Homelessness
Z59.1, Inadequate housing
Z59.5, Extreme poverty
Z75.1, Person awaiting admission to adequate facility elsewhere
Z75.3, Unavailability and inaccessibility of health-care facilities
Z75.4, Unavailability and inaccessibility of other helping agencies
Z76.2, Encounter for health supervision and care of other healthy infant and child

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Z99.12, Encounter for respirator [ventilator] dependence during power failure

The external cause of morbidity codes and the Z codes listed above are not an all-inclusive list. Other codes may be applicable to the encounter based upon the documentation. Assign as many codes as necessary to fully explain each healthcare encounter. Since patient history information may be very limited, use any available documentation to assign the appropriate external cause of morbidity and Z codes.

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CODE	Description
1: CERTAIN INFECTIOUS AND PARASITIC DISEASES	Clarification for new codes related to sepsis due to a postprocedural infection
2 : NEOPLASM	Clarifies personal history of malignancy Z codes
5: MENTAL	Provides guidelines for use of new codes for factitious disorder
9: CIRCULATORY	Revised verbiage for hypertension related conditions Added clarification for subsequent acute myocardial infarction
15: PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM	Drug use during pregnancy, childbirth and the puerperium code use clarified
18: SYMPTOMS AND SYMPTOMS	Clarified Glasgow coma scale scores for a patient with a medically induced coma
19: INJURY AND POISONING	Multiple burns guidelines clarified Under-dosing guideline clarified Guidelines added for suspected cases of forced sexual or forced labor exploitation
21: FACTORS INFLUENCING HEALTH STATUS	BMI code use in pregnancy clarified

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Sepsis and severe sepsis with a localized infection

If the reason for admission is both sepsis or severe sepsis and a localized infection, such as pneumonia or cellulitis, a code(s) for the underlying systemic infection should be assigned first and the code for the localized infection should be assigned as a secondary diagnosis. If the patient has severe sepsis, a code from subcategory R65.2 should also be assigned as a secondary diagnosis. If the patient is admitted with a localized infection, such as pneumonia, and sepsis/severe sepsis doesn't develop until after admission, the localized infection should be assigned first, followed by the appropriate sepsis/severe sepsis codes.

Sepsis due to a postprocedural infection

(a) **Documentation of causal relationship**

As with all postprocedural complications, code assignment is based on the provider's documentation of the relationship between the infection and the procedure.

(b) **Sepsis due to a postprocedural infection**

For **infections following a procedure, a code from** T81.**40, to T81.43** Infection following a procedure, or **a code from** O86.00 **to O86.03**, Infection of obstetric surgical wound, **that identifies the site of the infection** should be coded first, **if known. Assign an additional code for sepsis following a procedure (T81.44) or sepsis following an obstetrical procedure (O86.04). Use an additional code to identify the infectious agent.** If the patient has severe sepsis, the appropriate code from subcategory R65.2 should also be assigned with the additional code(s) for any acute organ dysfunction.

For infections following infusion, transfusion, therapeutic injection, or immunization, a code from subcategory T80.2, Infections following infusion, transfusion, and therapeutic injection, or code T88.0-, Infection following immunization, should be coded first, followed by the code for the specific infection. If the patient has severe sepsis, the appropriate code from subcategory R65.2 should also be assigned, with the additional codes(s) for any acute organ dysfunction.

(c) **Postprocedural infection and postprocedural septic shock**

If a postprocedural infection has resulted in postprocedural septic shock, **assign the codes indicated above for sepsis due to a postprocedural infection, followed by code T81.12-, Postprocedural septic shock. Do not assign code R65.21, Severe sepsis with septic shock. Additional code(s) should be assigned for any acute organ dysfunction.**

Sepsis and severe sepsis associated with a noninfectious

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m. Current malignancy versus personal history of malignancy

When a primary malignancy has been excised but further treatment, such as an additional surgery for the malignancy, radiation therapy or chemotherapy is directed to that site, the primary malignancy code should be used until treatment is completed.

When a primary malignancy has been previously excised or eradicated from its site, there is no further treatment (of the malignancy) directed to that site, and there is no evidence of any existing primary malignanc **at that site**, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy

Subcategories Z85.0 – Z85.7 should only be assigned for the forme site of a primary malignancy, not the site of a secondary malignancy. Codes from subcategory Z85.8-, may be assigned for the former site(s) of either a primary or secondary malignancy included in this subcategory.

See Section I.C.21. Factors influencing health status and contact with health services, History (of)

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Chapter 9: Diseases of the Circulatory System (I00-I99)

a. Hypertension

The classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement, as the two conditions are linked by the term "with" in the Alphabetic Index. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated.

For hypertension and conditions not specifically linked by relational terms such as "with," "associated with" or "due to" in the classification, provider documentation must link the conditions in order to code them as related.

1) Hypertension with Heart Disease

Hypertension with heart conditions classified to I50.- or **I51.4-I51.7, I51.89, I51.9**, are assigned to a code from category I11, Hypertensive heart disease. Use additional code(s) from category I50, Heart failure, to identify the type(s) of heart failure in those patients with heart failure.

The same heart conditions (I50.-, **I51.4-I51.7, I51.89, I51.9**) with hypertension are coded separately if the provider has

documented they are unrelated to the hypertension. Sequence according to the circumstances of the admission/encounter.

Hypertensive Chronic Kidney Disease

Assign codes from category I12, Hypertensive chronic kidney disease, when both hypertension and a condition classifiable to category N18, Chronic kidney disease (CKD), are present. CKD should not be coded as hypertensive if the **provider indicates the CKD is not related to the hypertension**.

The appropriate code from category N18 should be used as a secondary code with a code from category I12 to identify the stage of chronic kidney disease.

See Section I.C.14. Chronic kidney disease.

If a patient has hypertensive chronic kidney disease and acute renal failure, an additional code for the acute renal failure is required.

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Subsequent acute myocardial infarction

A code from category I22, Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction, is to be used when a patient who has suffered a type 1 or unspecified AMI has a new AMI within the 4 week time frame of the initial AMI. A code from category I22 must be used in conjunction with a code from category I21. The sequencing of the I22 and I21 codes depends on the circumstances of the encounter.

Do not assign code I22 for subsequent myocardial infarctions other than type 1 or unspecified. For subsequent type 2 AMI assign only code I21.A1. For subsequent type 4 or type 5 AMI, assign only code I21.A9.

If a subsequent myocardial infarction of one type occurs within 4 weeks of a myocardial infarction of a different type,

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assign the appropriate codes from category I21 to identify each type. Do not assign a code from I22. Codes from category I22 should only be assigned if both the initial and subsequent myocardial infarctions are type 1 or unspecified.

Drug use during pregnancy, childbirth and the puerperium

Codes under subcategory O99.32, Drug use complicating pregnancy, childbirth, and the puerperium, should be assigned for any pregnancy case when a mother uses drugs during the pregnancy or postpartum. This can involve illegal drugs, or inappropriate use or abuse of prescription drugs. Secondary code(s) from categories F11-F16 and F18-F19 should also be assigned to identify manifestations of the drug use.

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Coma scale

The coma scale codes (R40.2-) can be used in conjunction with traumatic brain injury codes, acute cerebrovascular disease or sequelae of cerebrovascular disease codes. These codes are primarily for use by trauma registries, but they may be used in any setting where this information is collected. The coma scale may also be used to assess the

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status of the central nervous system for other non-trauma conditions, such as monitoring patients in the intensive care unit regardless of medical condition. The coma scale codes should be sequenced after the diagnosis code(s).

These codes, one from each subcategory, are needed to complete the scale. The 7th character indicates when the scale was recorded. The 7th character should match for all three codes.

At a minimum, report the initial score documented on presentation at your facility. This may be a score from the emergency medicine technician (EMT) or in the emergency department. If desired, a facility may choose to capture multiple coma scale scores.

Assign code R40.24, Glasgow coma scale, total score, when only the total score is documented in the medical record and not the individual score(s).

Do not report codes for individual or total Glasgow coma scale scores for a patient with a medically induced coma or a sedated patient.

2) Burns of the same *anatomic* site

Classify burns of the same **anatomic** site **and on the same side** but of different degrees to the subcategory identifying the highest degree recorded in the diagnosis **(e.g., for second and third degree burns of right thigh, assign only code T24.311-).**

3) Non-healing burns

Non-healing burns are coded as acute burns.
Necrosis of burned skin should be coded as a non-healed burn.

4) Infected Burn

For any documented infected burn site, use an additional code for the infection.

5) Assign separate codes for each burn site

When coding burns, assign separate codes for each burn site. Category T30, Burn and corrosion, body region unspecified is extremely vague and should rarely be used.

Codes for burns of "multiple sites" should only be assigned when the medical record documentation does not specify the individual sites.

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(c) **Underdosing**

Underdosing refers to taking less of a medication than is prescribed by a provider or a manufacturer's instruction. **Discontinuing the use of a prescribed medication on the patient's own initiative (not directed by the patient's provider) is also classified as an underdosing.** For underdosing, assign the code from categories T36-T50 (fifth or sixth character "6").

Codes for underdosing should never be assigned as principal or first-listed codes. If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded.

Noncompliance (Z91.12-, Z91.13- **and Z91.14**-) or complication of care (Y63.6-Y63.9) codes are to be used with an underdosing code to indicate intent, if known.

(d) **Toxic Effects**

When a harmful substance is ingested or comes in contact with a person, this is classified as a toxic effect. The toxic effect codes are in categories T51-T65.

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f. Adult and child abuse, neglect and other maltreatment

Sequence first the appropriate code from categories T74, Adult and child abuse, neglect and other maltreatment, confirmed) or T76, Adult and child abuse, neglect and other maltreatment, suspected) for abuse, neglect and other maltreatment, followed by any accompanying mental health or injury code(s).

If the documentation in the medical record states abuse or neglect it is coded as confirmed (T74.-). It is coded as suspected if it is documented as suspected (T76.-).

For cases of confirmed abuse or neglect an external cause code from the assault section (X92-Y09) should be added to identify the cause of any physical injuries. A perpetrator code (Y07) should be added when the perpetrator of the abuse is known. For suspected cases of abuse or neglect, do not report external cause or perpetrator code.

If a suspected case of abuse, neglect or mistreatment is ruled out during an encounter code Z04.71, Encounter for examination and observation following alleged physical adult abuse, ruled out, or code Z04.72, Encounter for examination and observation following alleged child physical abuse, ruled out, should be used, not a code from T76.

If a suspected case of alleged rape or sexual abuse is ruled out during an encounter code Z04.41, Encounter for examination and observation following alleged adult rape or code Z04.42, Encounter for examination and observation following alleged child rape, should be used, not a code from T76.

If a suspected case of forced sexual exploitation or forced labor exploitation is ruled out during an encounter, code Z04.81, Encounter for examination and observation of victim following forced sexual exploitation, or code Z04.82, Encounter for examination and observation of victim following forced labor exploitation, should be used, not a code from T76.

See Section I.C.15. Abuse in a pregnant patient.

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Z67	Blood type
Z68	Body mass index (BMI) **BMI codes should only be assigned when the associated diagnosis (such as overweight or obesity)** meets the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses). **Do not assign BMI codes during pregnancy**. ***See Section I.B.14 for BMI documentation by clinicians other than the patient's provider.***
Z74.01	Bed confinement status

Conclusions

- Change is inevitable, impactful, but manageable
- Training to the concept covers a lot of ground
- Codes continue to catch up to advances in disease classification and pathophysiology
- Impactful conditions are worthy of serious attention

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Sources & Citations

- Diagnosis Agenda; ICD-10 Coordination and Maintenance Committee Meeting, September 13-14, 2016
- Diagnosis Agenda; ICD-10 Coordination and Maintenance Committee Meeting, March 7-8, 2017
- Diagnosis Agenda; ICD-10 Coordination and Maintenance Committee Meeting September 12-13, 2017
- IPPS Final Rule; CMS-1694-F
- ICD-10-CM Official Guidelines for Coding and Reporting FY 2019
- FY 2019 Final Rule Tables

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