

A person in a dark jacket and shorts stands on a rocky shore, looking out at the ocean during a sunset. The sky is filled with colorful clouds, and the sun is low on the horizon, casting a warm glow over the scene. The water is calm, and the rocks are scattered along the coast. The overall mood is serene and contemplative.

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2020 ICD-10-CM Updates

OCTOBER 2019

ciox

- Discuss *mechanics* of code set expansion
- Review FY 2020 ICD-10-CM codes *by concept*
- Understand driving forces for new concepts
- Create awareness for impactful codes

- To review FY 2020 ICD-10-CM index and tabular:
 - <https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-CM.html>
 - Click on “2020 Code Tables and Index” to download the index and tabular
 - Click on 2020 Addendum to see just the code book changes
 - Click on 2020 Coding Guidelines to download a copy of the guidelines



UNDERSTANDING CHANGE

What Constitutes a Change?

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

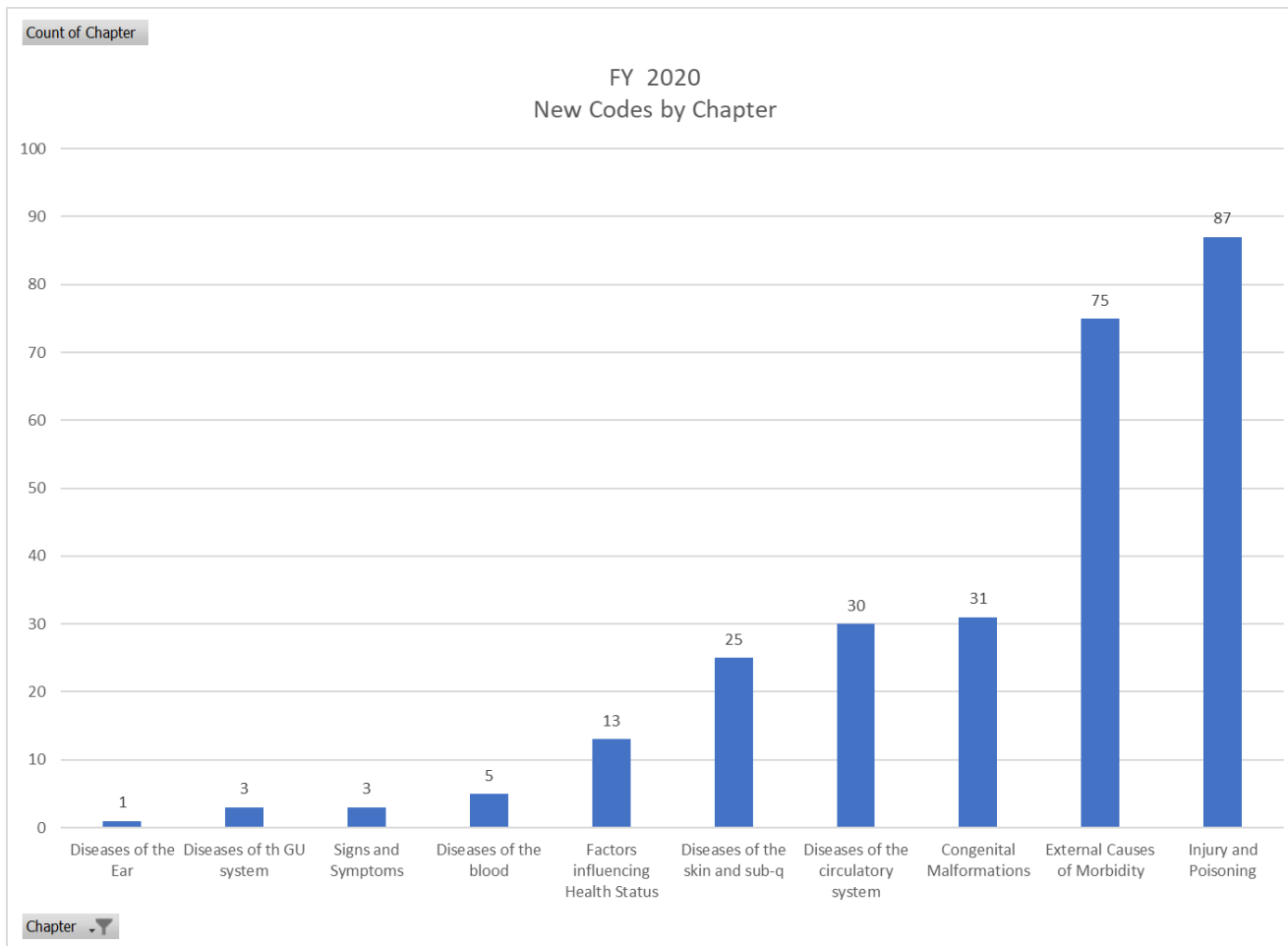
- REVISIONS
- DELETIONS
- ADDITIONS

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



MANAGING CHANGE

New Code Distribution by Chapter



273 new codes

60% of volume
in 2 chapters

6 fewer new
codes than FY
19

What is a concept?

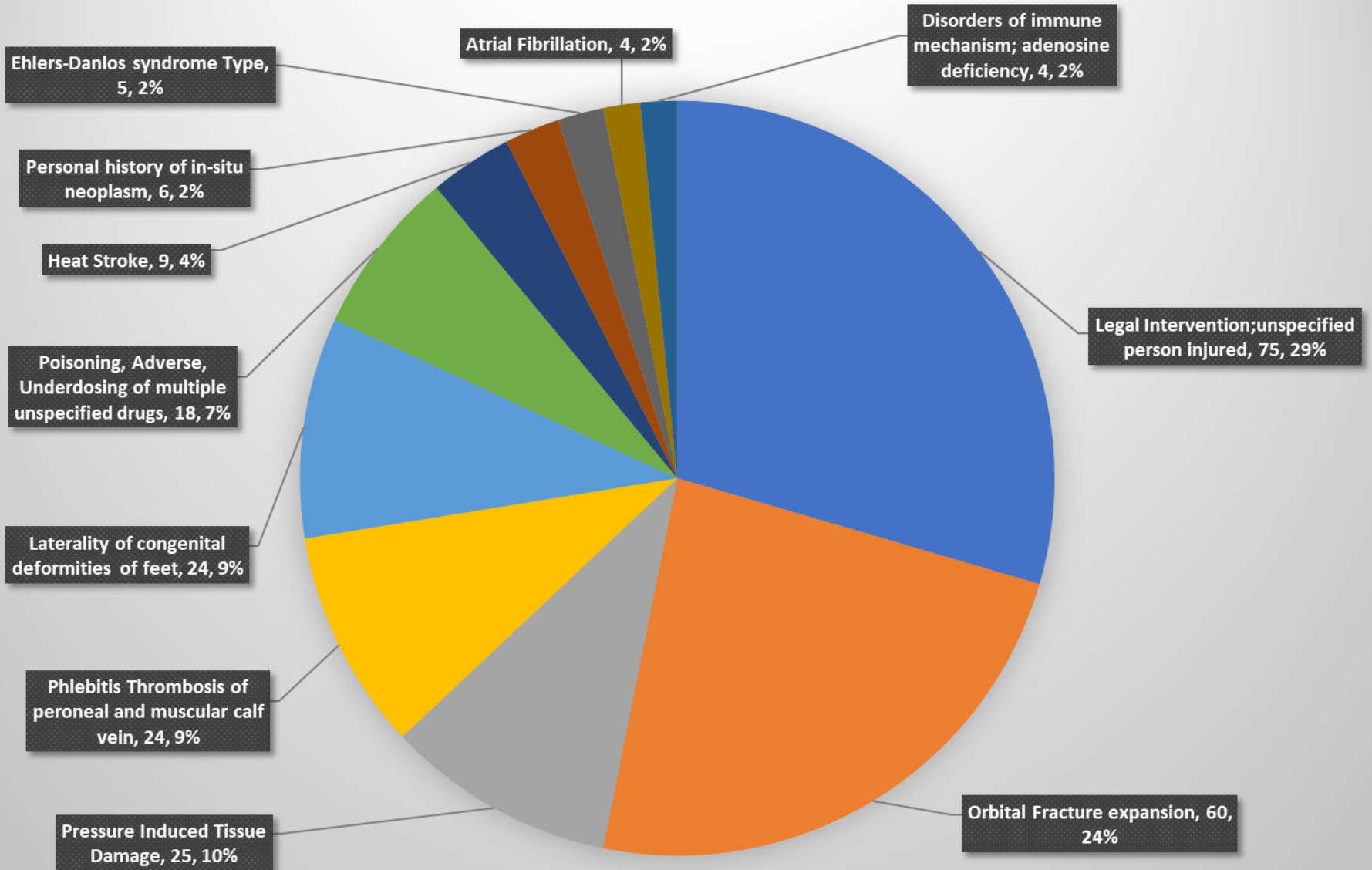
Concepts are overarching themes that bind groups of codes together

Example from last year:

Disorders of the eyelid-added laterality

79 new codes

Distribution by Concept: Top 10 Concepts by Volume





NEW CODES BY CONCEPT *IMPACTFUL CODES*

GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) DEFICIENCY WITHOUT ANEMIA

- X-linked recessive genetic metabolic abnormality caused by deficiency of the enzyme G6PD
- This enzyme is critical for the proper function of red blood cells
- When the level of this enzyme is too low, red blood cells can break down prematurely (hemolysis).
- Deficiency of this enzyme is not sufficient to cause hemolysis on its own. Additional factors are required to “trigger” the onset of symptoms.
- Favism is a classic example of hemolytic anemia in a patient with G6PD deficiency, triggered by ingestion of fava beans
- Prior to FY 2020, There was no unique code to identify the majority of individuals with the deficiency who do not have anemia, but are at risk

TABULAR MODIFICATIONS

D55 Anemia due to enzyme disorders

D55.0 Anemia due to glucose-6-phosphate dehydrogenase (G6PD) deficiency
Favism
G6PD deficiency anemia

Add Excludes1: Glucose-6-phosphate dehydrogenase (G6PD) deficiency without anemia (D75.A)

D75 Other and unspecified diseases of blood and blood-forming organs

New Code D75.A Glucose-6-phosphate dehydrogenase (G6PD) deficiency without anemia

Add Excludes1: Glucose-6-phosphate dehydrogenase (G6PD) deficiency with anemia (D55.0)

New Codes by Concept

Diseases of the Circulatory system

ATRIAL FIBRILLATION



Persistent atrial fibrillation describes cases that do not terminate within seven days, or that require repeat pharmacological or electrical cardioversion

Longstanding persistent atrial fibrillation is persistent and continuous atrial fibrillation lasting longer than one year.

Permanent atrial fibrillation is persistent or longstanding persistent atrial fibrillation where cardioversion is not indicated, or cannot or will not be performed

The **term chronic atrial fibrillation** may refer to any of persistent, longstanding persistent, or permanent atrial fibrillation

	I48	Atrial fibrillation and flutter
	I48.1	Persistent atrial fibrillation
New code	I48.11	Longstanding persistent atrial fibrillation
New code	I48.19	Other persistent atrial fibrillation
Add		Chronic persistent atrial fibrillation
Add		Persistent atrial fibrillation, NOS
Delete	I48.2	Chronic atrial fibrillation Permanent atrial fibrillation
New code	I48.20	Chronic atrial fibrillation, unspecified
New code	I48.21	Permanent atrial fibrillation

Chronic persistent atrial fibrillation
ICD-10-CM/PCS Coding Clinic, Second Quarter ICD-10
2019 Page: 3 Effective with discharges: June 21, 2019

Different types of atrial fibrillation
ICD-10-CM/PCS Coding Clinic, Second Quarter ICD-10
2019 Pages: 3-4 Effective with discharges: June 21, 2019



PHLEBITIS AND THROMBOPHLEBITIS OF PERONEAL AND CALF MUSCULAR VEIN

180.24-, Phlebitis and Thrombophlebitis of peroneal Vein

180.25- Phlebitis of calf muscular vein

Code Categories include options for right, left, bilateral, and unspecified

Add

180.24 Phlebitis and thrombophlebitis of peroneal vein

Add

180.241 Phlebitis and thrombophlebitis of right peroneal vein

Add

180.242 Phlebitis and thrombophlebitis of left peroneal vein

Add

180.243 Phlebitis and thrombophlebitis of peroneal vein, bilateral

Add

180.249 Phlebitis and thrombophlebitis of unspecified peroneal vein

Add

180.25 Phlebitis and thrombophlebitis of calf muscular vein
Phlebitis and thrombophlebitis of calf muscular vein, NOS
Phlebitis and thrombophlebitis of gastrocnemial vein
Phlebitis and thrombophlebitis of soleal vein

Add

Add

Add

Add

180.251 Phlebitis and thrombophlebitis of right calf muscular vein

Add

180.252 Phlebitis and thrombophlebitis of left calf muscular vein

Add

180.253 Phlebitis and thrombophlebitis of calf muscular vein, bilateral

Add

180.259 Phlebitis and thrombophlebitis of unspecified calf muscular vein

New Codes by Concept

Circulatory System



EMBOLISM AND THROMBOSIS OF PERONEAL AND CALF MUSCULAR VEIN

182.45-, Acute embolism and thrombosis of peroneal vein
182.46-, Acute embolism and thrombosis of calf muscular vein
182.55-, Chronic embolism and thrombosis of peroneal vein
182.56-, Chronic embolism and thrombosis of calf muscular vein

Code Categories include options acute, chronic, right, left, bilateral, and unspecified

Add

182.45 Acute embolism and thrombosis of peroneal vein

Add

182.451 Acute embolism and thrombosis of right peroneal vein

Add

182.452 Acute embolism and thrombosis of left peroneal vein

Add

182.453 Acute embolism and thrombosis of peroneal vein, bilateral

Add

182.459 Acute embolism and thrombosis of unspecified peroneal vein

Add

182.46 Acute embolism and thrombosis of calf muscular vein

Add

Acute embolism and thrombosis of calf muscular vein, NOS

Add

Acute embolism and thrombosis of gastrocnemial vein

Add

Acute embolism and thrombosis of soleal vein

Add

182.461 Acute embolism and thrombosis of right calf muscular vein

Add

182.462 Acute embolism and thrombosis of left calf muscular vein

Add

182.463 Acute embolism and thrombosis of calf muscular vein, bilateral

Add

182.469 Acute embolism and thrombosis of unspecified calf muscular vein

Add

182.55 Chronic embolism and thrombosis of peroneal vein

Add

182.551 Chronic embolism and thrombosis of right peroneal vein

Add

182.552 Chronic embolism and thrombosis of left peroneal vein

Add

182.553 Chronic embolism and thrombosis of peroneal vein, bilateral

Add

182.559 Chronic embolism and thrombosis of unspecified peroneal vein

Add

182.56 Chronic embolism and thrombosis of calf muscular vein

Add

Chronic embolism and thrombosis of calf muscular vein NOS

Add

Chronic embolism and thrombosis of gastrocnemial vein

Add

Chronic embolism and thrombosis of soleal vein

Add

182.561 Chronic embolism and thrombosis of right calf muscular vein

Add

182.562 Chronic embolism and thrombosis of left calf muscular vein

Add

182.563 Chronic embolism and thrombosis of calf muscular vein, bilateral

Add

182.569 Chronic embolism and thrombosis of unspecified calf muscular vein



New Codes by Concept

Circulatory System

PULMONARY EMBOLISM

It was proposed by the Hospital for Special Surgery (HSS) in New York that specific ICD-10-CM codes be created for certain types of subsegmental pulmonary emboli (SSPE)

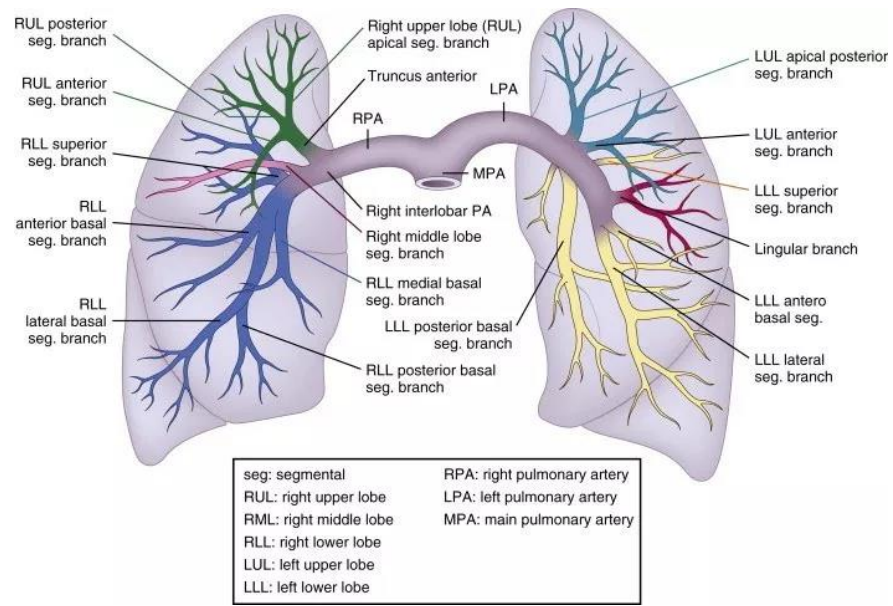
MCC ALERT

No Change **Pulmonary heart disease and diseases of pulmonary circulation (I26-I28)**

No Change **I26 Pulmonary embolism**

No Change **I26.9 Pulmonary embolism without acute cor pulmonale**

- Add **I26.93 Single subsegmental pulmonary embolism without acute cor pulmonale**
Subsegmental pulmonary embolism NOS
- Add **I26.94 Multiple subsegmental pulmonary emboli without acute cor pulmonale**



DEEP PRESSURE-INDUCED TISSUE DAMAGE

- The National Pressure Ulcer Advisory Panel (NPUAP) adopted several changes to pressure ulcer staging creating inconsistencies with ICD-10
- Deep Tissue Pressure Injury (DTPI) is now defined as “intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister
- Deep tissue injury” is currently indexed to “ulcer, pressure, unstageable, by site.” . If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed
- In contrast, Deep tissue injury may resolve without tissue loss

No Change

L89.3 Pressure ulcer of buttock

No Change

L89.30 Pressure ulcer of unspecified buttock

Add

L89.306 Pressure-induced deep tissue damage of unspecified buttock

No Change

L89.31 Pressure ulcer of right buttock

Add

L89.316 Pressure-induced deep tissue damage of right buttock

No Change

L89.32 Pressure ulcer of left buttock

Add

L89.326 Pressure-induced deep tissue damage of left buttock

No Change

L89.5 Pressure ulcer of ankle

No Change

L89.50 Pressure ulcer of unspecified ankle

Add

L89.506 Pressure-induced deep tissue damage of unspecified ankle

No Change

L89.51 Pressure ulcer of right ankle

Add

L89.516 Pressure-induced deep tissue damage of right ankle

No Change

L89.52 Pressure ulcer of left ankle

Add

L89.526 Pressure-induced deep tissue damage of left ankle

For each Pressure ulcer site L89.—6 was added, Above are some sample codes

New Codes by Concept

Congenital Malformations

CONGENITAL DEFORMITIES OF THE FEET

Laterality (right, left, unspecified) added to :

- Q66.0-, Congenital talipes equinovarus
- Q66.10-, Congenital talipes calcaneovarus
- Q66.21, Congenital metatarsus (primus) varus
- Q66.22-, Congenital metatarsus adductus
- Q66.4-, Congenital calcaneovalgus
- Q66.7-, Congenital pes cavus
- Q66.9, Congenital deformity of feet, unspecified



TABULAR MODIFICATIONS

Q66 Congenital deformities of feet
 Excludes 1: reduction defects of feet
 valgus deformities (acquired) (M21.0-)
 varus deformities (acquired) (M21.1-)

Q66.0 Congenital talipes equinovarus
 New code Q66.00 Congenital talipes equinovarus, unspecified foot
 New code Q66.01 Congenital talipes equinovarus, right foot
 New code Q66.02 Congenital talipes equinovarus, left foot

Q66.1 Congenital talipes calcaneovarus
 New code Q66.10 Congenital talipes calcaneovarus, unspecified foot
 New code Q66.11 Congenital talipes calcaneovarus, right foot
 New code Q66.12 Congenital talipes calcaneovarus, left foot

Q66.2 Congenital metatarsus (primus) varus
 Q66.21 Congenital metatarsus primus varus
 New code Q66.211 Congenital metatarsus primus varus, right foot
 New code Q66.212 Congenital metatarsus primus varus, left foot
 New code Q66.219 Congenital metatarsus primus varus, unspecified foot

Q66.22 Congenital metatarsus adductus
 Congenital metatarsus varus
 New code Q66.221 Congenital metatarsus adductus, right foot
 New code Q66.222 Congenital metatarsus adductus, left foot
 New code Q66.229 Congenital metatarsus adductus, unspecified foot

Unspecified code added to:

- Q66.3, Hallux varus, Congenital



EHLERS-DANLOS SYNDROMES (EDS)

- Ehlers-Danlos syndromes group of heritable connective tissue disorders characterized by articular hypermobility, skin hyperextensibility or laxity, and tissue fragility affecting virtually every organ system: skin, ligaments, joints, bone, muscle, blood vessels and various organs
- The most severe in presentation and the only one associated with early mortality is vascular (vEDS).

No Change **Q79 Congenital malformations of musculoskeletal system, not elsewhere classified**

Revise from
Revise to

Q79.6 Ehlers-Danlos syndrome
Q79.6 Ehlers-Danlos syndromes

Add

Q79.60 Ehlers-Danlos syndrome, unspecified

Add

Q79.61 Classical Ehlers-Danlos syndrome
Classical EDS (cEDS)

Add

Add

Q79.62 Hypermobile Ehlers-Danlos syndrome
Hypermobile EDS (hEDS)

Add

Add

Q79.63 Vascular Ehlers-Danlos syndrome
Vascular EDS (vEDS)

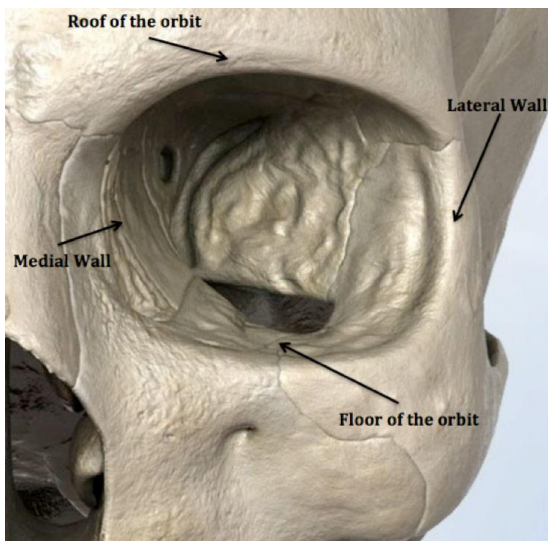
Add

Add

Q79.69 Other Ehlers-Danlos syndromes

ORBITAL ROOF FRACTURE

- Orbital roof fractures are relatively uncommon but present a management challenge due to their anatomy and potential associated injuries
- These fractures are most commonly seen with midfacial trauma



No Change **S02 Fracture of skull and facial bones**

No Change **S02.1 Fracture of base of skull**

Delete **Excludes1:** orbit NOS (S02.8)

Add
Add **Excludes2:** lateral orbital wall (S02.84-)
medial orbital wall (S02.83-)

Add **S02.12 Fracture of orbital roof**

Add **S02.121 Fracture of orbital roof, right side**

Add **S02.122 Fracture of orbital roof, left side**

Add **S02.129 Fracture of orbital roof, unspecified side**

No Change **S02.19 Other fracture of base of skull**

Delete **Fracture of orbital roof**

Open fracture of the orbital roof will account for the new MCC's

MCC ALERT

New Codes by Concept

Injury and Poisoning

ORBITAL WALL FRACTURE

Result of blunt trauma to the periorbital area and can result from MVAs, sports, assault, or falls.

Medial Wall: Commonly associated with orbital floor, frontal, nasoethmoidal, and maxillary fractures

Lateral Wall: The lateral orbital wall is the strongest among other orbital walls

Commonly seen with zygomatic malar complex (ZMC) fractures

May be associated with visual loss or change in mental status due to associated intracranial injury

No Change Delete	S02.8 Fractures of other specified skull and facial bones Fracture of orbit NOS
Delete Delete	Excludes1: fracture of orbital floor (S02.3-) fracture of orbital roof (S02.1-)
Add Add	Excludes2: fracture of orbital floor (S02.3-) fracture of orbital roof (S02.12-)
Add	S02.83 Fracture of medial orbital wall
Add Add	Excludes2: orbital floor (S02.3-) orbital roof (S02.12-)
Add	S02.831 Fracture of medial orbital wall, right side
Add	S02.832 Fracture of medial orbital wall, left side
Add	S02.839 Fracture of medial orbital wall, unspecified side
Add	S02.84 Fracture of lateral orbital wall
Add Add	Excludes2: orbital floor (S02.3-) orbital roof (S02.12-)
Add	S02.841 Fracture of lateral orbital wall, right side
Add	S02.842 Fracture of lateral orbital wall, left side
Add	S02.85 Fracture of orbit, unspecified
Add Add Add	Fracture of orbit NOS Fracture of orbit wall NOS
Add Add Add Add	Excludes1: lateral orbital wall (S02.84-) medial orbital wall (S02.83-) orbital floor (S02.3-) orbital roof (S02.12-)



MULTIPLE DRUGS INGESTION

The American Academy of Pediatrics request expansion of code category T50.9, Poisoning by, adverse effect of and underdosing of other and unspecified drugs, medicaments and biological substances to create new codes for multiple drug ingestion

Add	T50.91 Poisoning by, adverse effect of and underdosing of multiple unspecified drugs, medicaments and biological substances
Add	Multiple drug ingestion NOS
Add	Code also any specific drugs, medicaments and biological substances
Add	T50.911 Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional)
Add	T50.912 Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm
Add	T50.913 Poisoning by multiple unspecified drugs, medicaments and biological substances, assault
Add	T50.914 Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined
Add	T50.915 Adverse effect of multiple unspecified drugs, medicaments and biological substances
Add	T50.916 Underdosing of multiple unspecified drugs, medicaments and biological substances



Unfortunately, children can have polypharmacy ingestions. This may occur by accident when a young child gets into medications or intentional when an adolescent makes a suicidal gesture. In many circumstances, the only information available within the initial encounter is that more than one drug was ingested. There are also episodes where the identity of one or more of the ingested agents is not identified.

New Codes by Concept

Injury and Poisoning

EXERTIONAL HEAT STROKE

- Exertional Heat Stroke (EHS) is the most severe form of Exertional Heat Illness
- Unlike classical or passive heat stroke, which typically develops over days and occurs in hot environments, Exertional Heat Stroke can develop within hours, and often in healthy individuals undergoing strenuous activity in hot, humid environments
- Major complications: death, brain damage/injury, acute renal injury/insufficiency, liver damage, rhabdomyolysis, and disseminated intravascular coagulation

No Change **T67 Effects of heat and light**

No Change

T67.0 Heatstroke and sunstroke

Delete

Heat apoplexy

Delete

Heat pyrexia

Delete

Siriasis

Delete

Thermoplegia



Add

Use Additional rhabdomyolysis (M62.82)

Add

T67.01 Heatstroke and sunstroke

Add

Heat apoplexy

Add

Heat pyrexia

Add

Siriasis

Add

Thermoplegia

Add

T67.02 Exertional heatstroke

Add

T67.09 Other heatstroke and sunstroke



LEGAL INTERVENTION INVOLVING INJURY OF UNSPECIFIED PERSON

- ICD-10-CM codes were created for all legal intervention codes when the injured person is not specified in the health record.

Legal Intervention Involving Conducted Energy Device (CED)

- Known as Tasers or stun guns
- According to the U.S. Department of Justice, Tasers, the most common Conducted Energy Device (CED), are used by more than 15,000 law enforcement and military agencies across the U.S. Tasers use 50,000 volts of electricity and have been associated with injuries and in rare cases, death

No Change	Y35.2 Legal intervention involving gas
No Change	Y35.20 Legal intervention involving unspecified gas
Add	Y35.209 Legal intervention involving unspecified gas, unspecified person injured
No Change	Y35.21 Legal intervention involving injury by tear gas
Add	Y35.219 Legal intervention involving injury by tear gas, unspecified person injured
No Change	Y35.29 Legal intervention involving other gas
Add	Y35.299 Legal intervention involving other gas, unspecified person injured
Add	Y35.83 Legal intervention involving a conducted energy device
Add	Electroshock device (taser)
Add	Stun gun
Add	Y35.831 Legal intervention involving a conducted energy device, law enforcement official injured
Add	Y35.832 Legal intervention involving a conducted energy device, bystander injured
Add	Y35.833 Legal intervention involving a conducted energy device, suspect injured
Add	Y35.839 Legal intervention involving a conducted energy device, unspecified person injured

New Codes by Concept

Factors influencing Health Status



PERSONAL HISTORY OF IN-SITU NEOPLASMS

- Carcinoma in-situ is a group of abnormal cells that are found only in the place where they first formed in the body, which may become cancer and spread to nearby normal tissue
- The American Joint Committee on Cancer (AJCC) includes carcinoma in-situ (or tumor in-situ, Tis) in the staging system as it denotes the important relationship of the “T” status and overall risk of recurrence or progression.

No Change

No Change

No Change
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No Change
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Z86.0 Personal history of in-situ and benign neoplasms and neoplasms of uncertain behavior

Z86.00 Personal history of in-situ neoplasm

Z86.000 Personal history of in-situ neoplasm of breast

Conditions classifiable to D05

Z86.001 Personal history of in-situ neoplasm of cervix uteri

Conditions classifiable to D06

Z86.002 Personal history of in-situ neoplasm of other and unspecified genital organs

Conditions classifiable to D07
Personal history of high-grade prostatic intraepithelial neoplasia III [HGPIN III]
Personal history of vaginal intraepithelial neoplasia III [VAIN III]
Personal history of vulvar intraepithelial neoplasia III [VIN III]

Z86.003 Personal history of in-situ neoplasm of oral cavity, esophagus and stomach

Conditions classifiable to D00

Z86.004 Personal history of in-situ neoplasm of other and unspecified digestive organs

Conditions classifiable to D01
Personal history of anal intraepithelial neoplasia (AIN III)

Z86.005 Personal history of in-situ neoplasm of middle ear and respiratory system

Conditions classifiable to D02

Z86.006 Personal history of melanoma in-situ

Conditions classifiable to D03

Excludes2: sites other than skin - code to personal history of in-situ neoplasm of the site

Z86.007 Personal history of in-situ neoplasm of skin

Conditions classifiable to D04
Personal history of carcinoma in situ of skin

Z86.008 Personal history of in-situ neoplasm of other site

Personal history of vaginal intraepithelial neoplasia III [VAIN III]
Personal history of vulvar intraepithelial neoplasia III [VIN III]
Conditions classifiable to D09



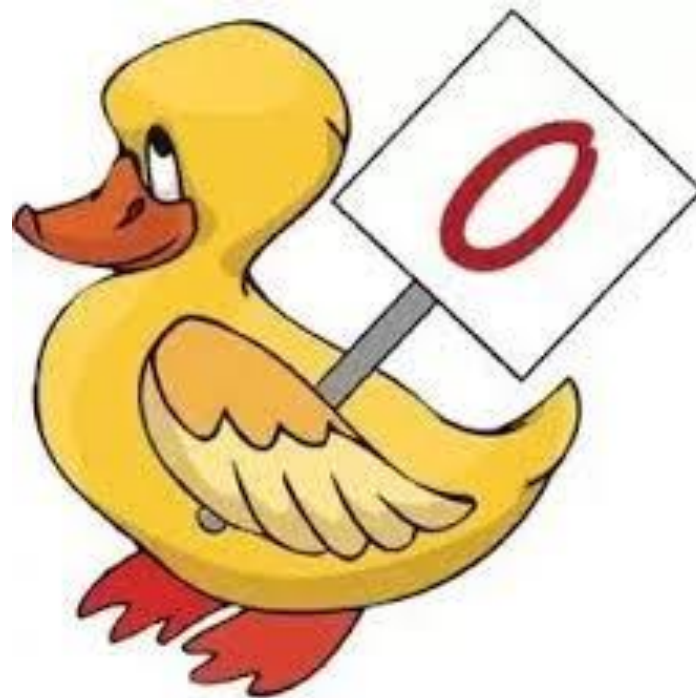
NEW MCC'S & NEW CCS FOR FY 2020

New Code MCC List

MCC **ALERT**

Code	Description
I26.93	Single subsegmental pulmonary embolism without acute cor pulmonale
I26.94	Multiple subsegmental pulmonary emboli without acute cor pulmonale
S02.121B	Fracture of orbital roof, right side, initial encounter for open fracture
S02.122B	Fracture of orbital roof, left side, initial encounter for open fracture
S02.129B	Fracture of orbital roof, unspecified side, initial encounter for open fracture

Deletions to the MCC List



New Code CC List



Code	Description
D81.30	Adenosine deaminase deficiency, unspecified
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I80.241	Phlebitis and thrombophlebitis of right peroneal vein
I80.242	Phlebitis and thrombophlebitis of left peroneal vein
I80.243	Phlebitis and thrombophlebitis of peroneal vein, bilateral
I80.249	Phlebitis and thrombophlebitis of unspecified peroneal vein
I82.451	Acute embolism and thrombosis of right peroneal vein
I82.452	Acute embolism and thrombosis of left peroneal vein
I82.453	Acute embolism and thrombosis of peroneal vein, bilateral
I82.459	Acute embolism and thrombosis of unspecified peroneal vein
I82.551	Chronic embolism and thrombosis of right peroneal vein
I82.552	Chronic embolism and thrombosis of left peroneal vein
I82.553	Chronic embolism and thrombosis of peroneal vein, bilateral

New Code CC List

Code	Description	CC ALERT
I82.559	Chronic embolism and thrombosis of unspecified peroneal vein	
Q79.60	Ehlers-Danlos syndrome, unspecified	
Q79.61	Classical Ehlers-Danlos syndrome	
Q79.62	Hypermobility Ehlers-Danlos syndrome	
Q79.63	Vascular Ehlers-Danlos syndrome	
Q79.69	Other Ehlers-Danlos syndromes	
Q87.11	Prader-Willi syndrome	
Q87.19	Other congenital malformation syndromes predominantly associated with short stature	
S02.121A	Fracture of orbital roof, right side, initial encounter for closed fracture	
S02.121K	Fracture of orbital roof, right side, subsequent encounter for fracture with nonunion	
S02.122A	Fracture of orbital roof, left side, initial encounter for closed fracture	
S02.122K	Fracture of orbital roof, left side, subsequent encounter for fracture with nonunion	
S02.129A	Fracture of orbital roof, unspecified side, initial encounter for closed fracture	
S02.129K	Fracture of orbital roof, unspecified side, subsequent encounter for fracture with nonunion	
S02.831A	Fracture of medial orbital wall, right side, initial encounter for closed fracture	
S02.831B	Fracture of medial orbital wall, right side, initial encounter for open fracture	
S02.831K	Fracture of medial orbital wall, right side, subsequent encounter for fracture with nonunion	

New Code CC List

Code	Description	CC ALERT
S02.832A	Fracture of medial orbital wall, left side, initial encounter for closed fracture	
S02.832B	Fracture of medial orbital wall, left side, initial encounter for open fracture	
S02.832K	Fracture of medial orbital wall, left side, subsequent encounter for fracture with nonunion	
S02.839A	Fracture of medial orbital wall, unspecified side, initial encounter for closed fracture	
S02.839B	Fracture of medial orbital wall, unspecified side, initial encounter for open fracture	
S02.839K	Fracture of medial orbital wall, unspecified side, subsequent encounter for fracture with nonunion	
S02.841A	Fracture of lateral orbital wall, right side, initial encounter for closed fracture	
S02.841B	Fracture of lateral orbital wall, right side, initial encounter for open fracture	
S02.841K	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with nonunion	
S02.842A	Fracture of lateral orbital wall, left side, initial encounter for closed fracture	
S02.842B	Fracture of lateral orbital wall, left side, initial encounter for open fracture	
S02.842K	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with nonunion	
S02.849A	Fracture of lateral orbital wall, unspecified side, initial encounter for closed fracture	
S02.849B	Fracture of lateral orbital wall, unspecified side, initial encounter for open fracture	
S02.849K	Fracture of lateral orbital wall, unspecified side, subsequent encounter for fracture with nonunion	
S02.85XA	Fracture of orbit, unspecified, initial encounter for closed fracture	
S02.85XB	Fracture of orbit, unspecified, initial encounter for open fracture	
S02.85XK	Fracture of orbit, unspecified, subsequent encounter for fracture with nonunion	

Non-CC upgraded to CC List

Code	Description	CC ALERT
Z16.10	Resistance to unspecified beta lactam antibiotics	
Z16.11	Resistance to penicillins	
Z16.12	Extended spectrum beta lactamase (ESBL) resistance	
Z16.19	Resistance to other specified beta lactam antibiotics	
Z16.20	Resistance to unspecified antibiotic	
Z16.21	Resistance to vancomycin	
Z16.22	Resistance to vancomycin related antibiotics	
Z16.23	Resistance to quinolones and fluoroquinolones	
Z16.24	Resistance to multiple antibiotics	
Z16.29	Resistance to other single specified antibiotic	
Z16.30	Resistance to unspecified antimicrobial drugs	
Z16.31	Resistance to antiparasitic drug(s)	
Z16.32	Resistance to antifungal drug(s)	
Z16.33	Resistance to antiviral drug(s)	
Z16.341	Resistance to single antimycobacterial drug	
Z16.342	Resistance to multiple antimycobacterial drugs	
Z16.35	Resistance to multiple antimicrobial drugs	
Z16.39	Resistance to other specified antimicrobial drug	

Deletion to the CC List

Code	Description
D81.3	Adenosine deaminase [ADA] deficiency
I48.1	Persistent atrial fibrillation
Q79.6	Ehlers-Danlos syndrome
Q87.1	Congenital malformation syndromes predominantly associated with short stature
T67.0XXA	Heatstroke and sunstroke, initial encounter



NEW CODES BY CONCEPT
LESS IMPACTFUL CODES



DEFICIENCY OF ADENOSINE

Characterized by:

- abnormal inflammation of various tissues
- mottled rash (livedo racemosa)
- early-onset strokes
- other findings of vasculitis (consistent with polyarteritis nodosa)
- Sometimes can cause immunodeficiency
- May affect gastrointestinal system or kidneys

No Change **D81 Combined immunodeficiencies**

No Change **D81.3 Adenosine deaminase [ADA] deficiency**

Add
Add

D81.30 Adenosine deaminase deficiency, unspecified
ADA deficiency NOS

Add
Add
Add

D81.31 Severe combined immunodeficiency due to adenosine deaminase deficiency
ADA deficiency with SCID
Adenosine deaminase [ADA] deficiency with severe combined immunodeficiency

Add
Add
Add

D81.32 Adenosine deaminase 2 deficiency
ADA2 deficiency
Adenosine deaminase deficiency type 2

Add
Add
Add

Code also, if applicable, any associated manifestations, such as:
polyarteritis nodosa (M30.0)
stroke (I63.-)

Add
Add
Add
Add
Add
Add

D81.39 Other adenosine deaminase deficiency
Adenosine deaminase [ADA] deficiency type 1, NOS
Adenosine deaminase [ADA] deficiency type 1, without SCID
Adenosine deaminase [ADA] deficiency type 1, without severe combined immunodeficiency
Partial ADA deficiency (type 1)
Partial adenosine deaminase deficiency (type 1)

Even though **adenosine deaminase 2 deficiency** may be associated with immunodeficiency, this is usually relatively mild, and it is usually not associated with a significantly increased risk of bacterial and viral infections.

This is in contrast with the original **adenosine deaminase deficiency (type 1)**, which causes a severe combined immunodeficiency (SCID); it is commonly referred to as **SCID due to ADA deficiency**.

VERTIGO OF CENTRAL ORIGIN

- Central vertigo by definition is vertigo due to a disease originating with the central nervous system (CNS).
- Central vertigo of the left, right, bilateral or unspecified ear codes under subcategory H81.4, Vertigo of central origin is not clinically valid.
- Therefore, these codes were deleted

No Change **H81 Disorders of vestibular function**

No Change **H81.4 Vertigo of central origin**

Delete

H81.41 Vertigo of central origin, right ear

Delete

H81.42 Vertigo of central origin, left ear

Delete

H81.43 Vertigo of central origin, bilateral

Delete

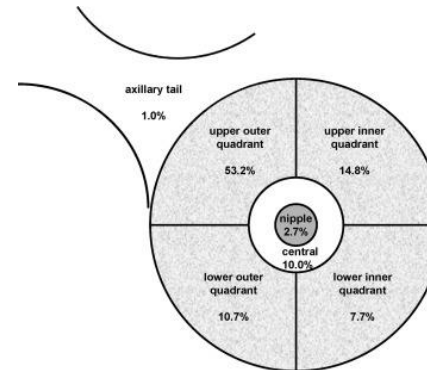
H81.49 Vertigo of central origin, unspecified ear



BREAST LUMP IN OVERLAPPING QUADRANTS

- The new codes will allow for proper code assignment when an unspecified lump in the breast overlaps anatomic sites classifiable to different codes

No Change	N63 Unspecified lump in breast
No Change	N63.1 Unspecified lump in the right breast
Add	N63.15 Unspecified lump in the right breast, overlapping quadrants
No Change	N63.2 Unspecified lump in the left breast
Add	N63.25 Unspecified lump in the left breast, overlapping quadrants



POST ENDOMETRIAL ABLATION SYNDROME

- Post endometrial ablation syndrome is a condition that may occur in up to 10% of women who undergo endometrial ablation that includes cyclic pain and hematometra
- The syndrome occurs frequently enough that a separate code is warranted for better coding specificity and tracking purposes

No Change	N99 Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified
No Change	N99.8 Other intraoperative and postprocedural complications and disorders of genitourinary system
Add	N99.85 Post endometrial ablation syndrome

PRADER-WILLI SYNDROME

Prader-Willi syndrome (PWS) is a complex neurodevelopment disorder that affects many parts of the body

Infancy: characterized by hypotonia, feeding difficulties, poor growth, and delayed development

Childhood: insatiable appetite, which leads to chronic overeating (hyperphagia) and obesity

PWS is the most common genetic syndrome causing obesity. Those with obesity, also develop type 2 diabetes.

Add

Q87.11 Prader-Willi syndrome

Add

Q87.19 Other congenital malformation syndromes predominantly associated with short stature

Add

Aarskog syndrome

Add

Cockayne syndrome

Add

De Lange syndrome

Add

Dubowitz syndrome

Add

Noonan syndrome

Add

Robinow-Silverman-Smith syndrome

Add

Russell-Silver syndrome

Add

Seckel syndrome



With regard to PWS treatment and short stature, it is now generally treated with growth hormone, and as a result, most people with PWS do not have short stature, and also can have partially normalized facial growth (vertically), although certain distinctive facial characteristics remain

Other characteristics: mild to moderate intellectual impairment, learning disabilities, Behavioral problems, distinctive facial features, underdeveloped genitals, puberty is delayed or incomplete, and most affected individuals are infertile.

“Prader-Willi-like syndrome” (PWLS), which has been described in the medical literature, sharing a number of features with PWS but genetically different will code to Q87.19

New Codes by Concept

Signs and Symptoms



CYCLICAL VOMITING SYNDROME

- Cyclical vomiting syndrome is described by episodes of severe vomiting that have no identifiable cause
- Cyclical vomiting syndrome may or may not be related to migraine
- Treatment usually involves medications, including anti-nausea and migraine therapies, that may help lessen symptoms.

No Change **R11 Nausea and vomiting**

No Change **R11.1 Vomiting**

Add **R11.15 Cyclical vomiting syndrome unrelated to migraine**

Add Cyclic vomiting syndrome NOS

Add Persistent vomiting

Add

Excludes1: cyclical vomiting in migraine (G43.A-)

Add

Excludes2: bulimia nervosa (F50.2)

Add

diabetes mellitus due to underlying condition (E08.-)

PYURIA

- Pyuria is the presence of white blood cells in the urine
- most commonly found in urinary tract infections
- Pyuria is was indexed to code N39.0, Urinary tract infection.
- There was no unique code for reporting pyuria.
- Sterile pyuria is the finding when a patient has pyuria and no cause can be found (no tumor, no true urinary tract infection, and no stone disease)

No Change **R82.8 Abnormal findings on cytological and histological examination of urine**

Add **R82.81 Pyuria**

Add Sterile pyuria

Add

R82.89 Other abnormal findings on cytological and histological examination of urine

No Change **N39 Other disorders of urinary system**

No Change **N39.0 Urinary tract infection, site not specified**

Add

Excludes1: pyuria (R82.81)

ENCOUNTER FOR EXAMINATION OF EYES AND VISION WITH ABNORMAL FINDINGS

There is little information on exactly who fails vision screening

No Change	Z01.0 Encounter for examination of eyes and vision
Add	Z01.02 Encounter for examination of eyes and vision following failed vision screening
Add	Excludes1: examination for examination of eyes and vision with abnormal findings (Z01.01)
Add	examination for examination of eyes and vision without abnormal findings (Z01.00)
Add	Z01.020 Encounter for examination of eyes and vision following failed vision screening without abnormal findings
Add	Z01.021 Encounter for examination of eyes and vision following failed vision screening with abnormal findings
Add	Use Additional code to identify abnormal findings

- The addition of new codes to ICD-10-CM would allow this information to be collected, retrieved as needed for performance measurement and reported
- The screening encounter could also be separately retrieved for the presence of abnormal findings
- The American Academy of Ophthalmology is requesting new codes for an encounter for examination of eyes and vision when patients fail vision screening in order to be able to identify and monitor this condition.
- Vision screening is a requirement of well-child primary care as described by Bright Futures, 3rd edition, a joint program of Health Resources and Services Administration (HRSA) and the American Academy of Pediatrics.

LATENT TUBERCULOSIS

Latent tuberculosis infection (LTBI) occurs when a person is infected with the bacteria *Mycobacterium tuberculosis*, but does not have active tuberculosis (TB) disease

The only sign of a tuberculosis infection is a positive reaction to the tuberculin skin test or tuberculosis blood test.

Compared to active tuberculosis disease, persons with latent tuberculosis infection are not infectious, cannot spread tuberculosis infection to others and normally do not develop TB disease

No Change	Z11 Encounter for screening for infectious and parasitic diseases
No Change	Z11.1 Encounter for screening for respiratory tuberculosis
Add	Encounter for screening for active tuberculosis disease
Add	Z11.7 Encounter for testing for latent tuberculosis infection
No Change	Persons with potential health hazards related to communicable diseases (Z20-Z29)
No Change	Z22 Carrier of infectious disease
Add	Z22.7 Latent tuberculosis
Add	Latent tuberculosis infection (LTBI)
Add	Excludes1: nonspecific reaction to cell mediated immunity measurement of gamma interferon antigen response without active tuberculosis (R76.12)
Add	nonspecific reaction to tuberculin skin test without active tuberculosis (R76.11)

But persons who have a weak immune system, the bacteria can become active, multiply and cause tuberculosis disease.

ICD-10 CM codes do not differentiate between latent tuberculosis and active tuberculosis disease

Distinguishing between these two conditions is important since they have very different short-term and long-term consequences for both the patient and for public health

New Codes by Concept

Factors influencing Health Status



PRESENCE OF OTHER SPECIFIED FUNCTIONAL IMPLANTS; NEUROSTIMULATORS

The existing ICD-10-CM code for attention to neurostimulators, assigned for routine device replacement uses the outdated term "neuropacemaker."

It is requested to update the wording to "neurostimulator" for consistency

It is also requested that inclusion terms be added to encompass the full range of neurostimulator sites

No Change

Z45.4 Encounter for adjustment and management of implanted nervous system device

Revise from

Z45.42 Encounter for adjustment and management of neuropacemaker (brain) (peripheral

Revise to

Add

Add

Add

Add

Add

Add

nerve) (spinal cord)

Z45.42 Encounter for adjustment and management of neurostimulator

Encounter for adjustment and management of brain neurostimulator

Encounter for adjustment and management of gastric neurostimulator

Encounter for adjustment and management of peripheral nerve neurostimulator

Encounter for adjustment and management of sacral nerve neurostimulator

Encounter for adjustment and management of spinal cord neurostimulator

Encounter for adjustment and management of vagus nerve neurostimulator

HEALTH COUNSELING RELATED TO TRAVEL

The American Academy of Pediatrics reports that there have been an increase in the number of patients seen for counseling services to discuss health risks of travel

The Academy requested a specific new code to identify travel health related encounters.

No Change **Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified**

No Change **Z71.8 Other specified counseling**

Add **Z71.84 Encounter for health counseling related to travel**
Add Encounter for health risk and safety counseling for (international) travel

Add **Code also**, if applicable, encounter for immunization (Z23)

Add **Excludes2:** encounter for administrative examination (Z02.-)
Add encounter for other special examination without complaint, suspected or reported diagnosis (Z01.-)



SIGNIFICANT CHANGES *FY 2020 CM GUIDELINES*

SECTION I: CONVENTIONS

ICD-10-CM instructional notes clarified

15. “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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For conditions not specifically linked by these relational terms in the classification or when a guideline requires that a linkage between two conditions be explicitly documented, provider documentation must link the conditions in order to code them as related.

The word “with” in the Alphabetic Index is sequenced immediately following the main term **or subterm**, not in alphabetical order.

Section 1: Chapter Specific Guidelines



Chapter	Description
9: CIRCULATORY	Revised Sequencing guidelines for Type 2 MI's
12: Skin	Verbiage added to Pressure Ulcer Guidelines related to the new codes for Deep Pressure Injury Verbiage added to clarify healed pressure ulcers , “at the time of admission”
15: PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM	Some edits made to language
19: INJURY AND POISONING	Guideline added for Iatrogenic Injuries Guideline added for physeal fractures Guideline added for new codes related to multiple unspecified drugs Additional guidance provided on assigning complication of care codes within the body system chapters
21: FACTORS INFLUENCING HEALTH STATUS	Wordsmithing of one of the Guidelines related to Z68 Body Mass Index Addition of code , Z71.84, for encounter for health counseling related to travel to description

SECTION I: Chapter Specific Guidelines

5) Other Types of Myocardial Infarction

The ICD-10-CM provides codes for different types of myocardial infarction. Type 1 myocardial infarctions are assigned to codes I21.0-I21.4.

Type 2 myocardial infarction (myocardial infarction due to demand ischemia or secondary to ischemic imbalance) is assigned to code I21.A1. Myocardial infarction type 2 with the underlying cause coded first. Do not assign code I24.8, Other forms of acute ischemic heart disease, for the demand ischemia. If a type 2 AMI is described as NSTEMI or STEMI, only assign code I21.A1. Codes I21.01-I21.4 should only be assigned for type 1 AMIs.

Acute myocardial infarctions type 3, 4a, 4b, 4c and 5 are assigned to code I21.A9, Other myocardial infarction type.

The "Code also" and "Code first" notes should be followed related to complications, and for coding of postprocedural myocardial infarctions during or following cardiac surgery.

No Change	I21.A Other type of myocardial infarction
No Change	I21.A1 Myocardial infarction type 2
Delete	Code also the underlying cause, if known and applicable, such as: anemia (D50.0-D64.9) chronic obstructive pulmonary disease (J44.-) heart failure (I50.-) paroxysmal tachycardia (I47.0-I47.9) renal failure (N17.0-N19) shock (R57.0-R57.9)
Add	Code first the underlying cause, such as: anemia (D50.0-D64.9) chronic obstructive pulmonary disease (J44.-) paroxysmal tachycardia (I47.0-I47.9) shock (R57.0-R57.9)

SECTION I: Chapter Specific Guidelines

12. Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)

a. Pressure ulcer stage codes

1) Pressure ulcer stages

Codes **in** category L89, Pressure ulcer, identify the site **and** **stage** of the pressure ulcer.

The ICD-10-CM classifies pressure ulcer stages based on severity, which is designated by stages 1-4, **deep tissue pressure injury**, unspecified stage, and unstageable.

Assign as many codes from category L89 as needed to identify all the pressure ulcers the patient has, if applicable.

See Section I.B.14 for pressure ulcer stage documentation by clinicians other than patient's provider.

7) Pressure-induced deep tissue damage

For pressure-induced deep tissue damage or deep tissue pressure injury, assign only the appropriate code for pressure-induced deep tissue damage (L89.--6).

b. Non-Pressure Chronic Ulcers

1) Patients admitted with non-pressure ulcers documented as healed

No code is assigned if the documentation states that the non-pressure ulcer is completely healed **at the time of admission.**

4) Patients admitted with pressure ulcers documented as healed

No code is assigned if the documentation states that the pressure ulcer is completely healed **at the time of admission.**

n. Normal Delivery, Code O80

1) Encounter for full term uncomplicated delivery

Code O80 should be assigned when a woman is admitted for a full-term normal delivery and delivers a single, healthy infant without any complications antepartum, during the delivery, or postpartum during the delivery episode. Code O80 is always a principal diagnosis. It is not to be used if any other code from chapter 15 is needed to describe a current complication of the antenatal, delivery, or **postnatal** period. Additional codes from other chapters may be used with code O80 if they are not related to or are in any way complicating the pregnancy.

2) Retained Products of Conception following an abortion

Subsequent encounters for retained products of conception following a spontaneous abortion or elective termination of pregnancy, without complications are assigned O03.4, Incomplete spontaneous abortion without complication, or code O07.4, Failed attempted termination of pregnancy without complication. This advice is appropriate even when the patient was discharged previously with a discharge diagnosis of complete abortion. If the patient has a specific complication associated with the spontaneous abortion or elective termination of pregnancy in addition to retained products of conception, assign the appropriate complication code (e.g., O03.-, O04.-, O07.-) instead of code O03.4 or O07.4.

SECTION I: Chapter Specific Guidelines



3) Iatrogenic injuries

Injury codes from Chapter 19 should not be assigned for injuries that occur during, or as a result of, a medical intervention. Assign the appropriate complication code(s).

Related Coding Clinics:

Injury due to traumatic endotracheal intubation, ICD-10-CM/PCS Coding Clinic, Second Quarter ICD-10 2019 Pages: 23-24 Effective with discharges: June 21, 2019

Intraoperative laceration of atrial appendage with hemopericardium

ICD-10-CM/PCS Coding Clinic, Second Quarter ICD-10 2019 Page:24 Effective with discharges: June 21, 2019

3) Physeal fractures

For physeal fractures, assign only the code identifying the type of physeal fracture. Do not assign a separate code to identify the specific bone that is fractured.

Related Coding Clinics:

Salter-Harris physeal fracture of metatarsal bone

ICD-10-CM/PCS Coding Clinic, First Quarter ICD-10 2018 Page: 3 Effective with discharges: February 18, 2018

SECTION I: Chapter Specific Guidelines



4) If two or more drugs, medicinal or biological substances

If two or more drugs, medicinal or biological substances are **taken**, code each individually unless a combination code is listed in the Table of Drugs and Chemicals.

If multiple unspecified drugs, medicinal or biological substances were taken, assign the appropriate code from subcategory T50.91, Poisoning by, adverse effect of and underdosing of multiple unspecified drugs, medicaments and biological substances.

Add	T50.91 Poisoning by, adverse effect of and underdosing of multiple unspecified drugs, medicaments and biological substances
Add	Multiple drug ingestion NOS
Add	Code also any specific drugs, medicaments and biological substances
Add	T50.911 Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional)
Add	T50.912 Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm
Add	T50.913 Poisoning by multiple unspecified drugs, medicaments and biological substances, assault
Add	T50.914 Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined
Add	T50.915 Adverse effect of multiple unspecified drugs, medicaments and biological substances
Add	T50.916 Underdosing of multiple unspecified drugs, medicaments and biological substances

Complication codes from the body system chapters should be assigned for intraoperative and postprocedural complications (e.g., the appropriate complication code from chapter 9 would be assigned for a vascular intraoperative or postprocedural complication) unless the complication is specifically indexed to a T code in chapter 19.

Related Coding Clinic

Postoperative pseudoaneurysm, ICD-10-CM/PCS Coding Clinic, Second Quarter ICD-10 2019 Pages: 21-22
Effective with discharges: June 21, 2019

SECTION I: Chapter Specific Guidelines



Z68 **Body mass index (BMI)**
BMI codes should only be assigned when **there is an associated, reportable diagnosis (such as obesity)**.
Do not assign BMI codes during pregnancy.

See Section I.B.14 for BMI documentation by clinicians other than the patient's provider.

Z71 **Orientation**
Persons encountering health services for other counseling and medical advice, not elsewhere classified
Note: Code Z71.84, Encounter for health counseling related to travel, is to be used for health risk and safety counseling for future travel purposes.

SECTION II: Selection of Principal Diagnosis



H. Uncertain Diagnosis

If the diagnosis documented at the time of discharge is qualified as “probable,” “suspected,” “likely,” “questionable,” “possible,” or “still to be ruled out,” “**compatible with,**” “**consistent with,**” or other similar terms indicating uncertainty, code the condition as if it existed or was established. The bases for these guidelines are the diagnostic workup, arrangements for further workup or observation, and initial therapeutic approach that correspond most closely with the established diagnosis.

Note: This guideline is applicable only to inpatient admissions to short-term, acute, long-term care and psychiatric hospitals.

Related Coding Clinics:

Probable or suspected condition in inpatient setting, ICD-9-CM Coding Clinic, Third Quarter 2005 Page: 22
Effective with discharges: September 15, 2005

SECTION III: Reporting Additional Diagnoses



C. Uncertain Diagnosis

If the diagnosis documented at the time of discharge is qualified as “probable,” “suspected,” “likely,” “questionable,” “possible,” or “still to be ruled out,” “**compatible with**,” “**consistent with**,” or other similar terms indicating uncertainty, code the condition as if it existed or was established. The bases for these guidelines

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are the diagnostic workup, arrangements for further workup or observation, and initial therapeutic approach that correspond most closely with the established diagnosis.

Note: This guideline is applicable only to inpatient admissions to short-term, acute, long-term care and psychiatric hospitals.

SECTION IV: Diagnostic Coding and Reporting Guidelines for Outpatient Services



H. Uncertain diagnosis

Do not code diagnoses documented as “probable”, “suspected,” “questionable,” “rule out,” “**compatible with,**” “**consistent with,**” or “working diagnosis” or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.

Please note: This differs from the coding practices used by short-term, acute care, long-term care and psychiatric hospitals.

Related Coding Clinics:

Probable or suspected condition in outpatient setting, ICD-9-CM Coding Clinic, Third Quarter 2005 Page: 21 to 22 Effective with discharges: September 15, 2005



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

Sources & Citations

- Diagnosis Agenda; ICD-10 Coordination and Maintenance Committee Meeting, March 6-7, 2018
- Diagnosis Agenda; ICD-10 Coordination and Maintenance Committee Meeting, September 11-12, 2018
- Diagnosis Agenda; ICD-10 Coordination and Maintenance Committee Meeting September 12-13, 2017

https://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm

- ICD-10-CM Official Guidelines for Coding and Reporting FY 2020
- FY 2020 Final Rule Tables

To review FY 2020 ICD-10-CM index and tabular:

- <https://www.cms.gov/Medicare/Coding/ICD10/2020-ICD-10-CM.html>
- Click on “2020 Code Tables and Index” to download code of index and tabular
- Click on 2020 Addendum to see just the code book changes
- Click on 2020 Coding Guidelines to download a copy of the guidelines

Thank you





APPENDIX A: OTHER SIGNIFICANT INDEX AND TABULAR CHANGES

COPD

- No Change* **Disease, diseased** - see also Syndrome
- No Change* - arterial I77.9
- Add* - - peripheral I73.9
- No Change* - artery I77.9
- No Change* - - coronary I25.10
- Revise from* - - - with angina pectoris - see Arteriosclerosis, coronary (artery),
- Revise to* - - - with angina pectoris - see Arteriosclerosis, coronary (artery)
- Add* - - peripheral I73.9
- No Change* - lung J98.4
- Revise from* - - obstructive (chronic) J44.9
- Revise to* - - obstructive (chronic) J43.9

No Change **J44 Other chronic obstructive pulmonary disease**

- Revise from* **J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection**
- Revise to* **J44.0 Chronic obstructive pulmonary disease with (acute) lower respiratory infection**

Respiratory syncytial virus

No Change **B97 Viral agents as the cause of diseases classified elsewhere**

No Change **B97.4 Respiratory syncytial virus as the cause of diseases classified elsewhere**
Add RSV as the cause of diseases classified elsewhere

Add Code first related disorders, such as:
Add otitis media (H65.-)
Add upper respiratory infection (J06.9)

Add **Excludes2:** acute bronchiolitis due to respiratory syncytial virus (RSV) (J21.0)
Add acute bronchitis due to respiratory syncytial virus (RSV) (J20.5)
Add respiratory syncytial virus (RSV) pneumonia (J12.1)

No Change **H65 Nonsuppurative otitis media**

No Change **Use Additional**
Revise from code to identify:

Revise to code, if applicable, to identify:
Add infectious agent (B95-B97)

No Change **J06.9 Acute upper respiratory infection, unspecified**

Add **Use Additional** code (B95-B97) to identify infectious agent, if known, such as:
Add respiratory syncytial virus (RSV) (B97.4)

No Change - virus, viral NOS B34.9

No Change - - as cause of disease classified elsewhere B97.89

Revise from - - - respiratory syncytial B97.4

Revise to - - - respiratory syncytial (RSV) - see Infection, virus, respiratory syncytial (RSV)

Revise from - - respiratory syncytial

Revise to - - respiratory syncytial (RSV)

Delete - - - common cold syndrome J00

Delete - - - nasopharyngitis (acute) J00

Add - - - bronchiolitis J21.0

Add - - - bronchitis J20.5

Add - - - otitis media H65.- [B97.4]

Add - - - pneumonia J12.1

Add - - - upper respiratory infection J06.9 [B97.4]

ARTERIOVENOUS MALFORMATION OF DIGESTIVE SYSTEM

- No Change* **Malformation (congenital)** - see also Anomaly
- No Change* - arteriovenous, aneurysmatic (congenital) Q27.30
- No Change* -- brain Q28.2
- Add* --- ruptured I60.8
- Add* ---- intracerebral I61.8
- Add* ---- intraparenchymal I61.8

The code for GI AVM no longer defaults to congenital—they added a subterm to see Angiodysplasia

- Add* ---- intraventricular I61.5
- Add* ---- subarachnoid I60.8
- Revise from* -- cerebral Q28.2
- Revise to* -- cerebral (see also Malformation, arteriovenous, brain) Q28.2
- No Change* -- peripheral Q27.30
- Revise from* --- digestive system Q27.33
- Revise to* --- digestive system - see Angiodysplasia
- Add* ---- congenital Q27.33

Reference: Arteriovenous malformation of colon, ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2018 Page: 21 Effective with discharges: September 24, 2018

MESENTERIC VEIN THROMBOSIS

No Change **Thrombosis, thrombotic (bland) (multiple) (progressive) (silent) (vessel) I82.90**

No Change - mesenteric (artery) (with gangrene) (see also Infarct, intestine) K55.069

Revise from - - vein (inferior) (superior) I81

Revise to - - vein (inferior) (superior) K55.0

Mesenteric Vein Thrombosis indexed to portal vein thrombosis the index was updated and now codes to ischemic colitis

RESPIRATORY DISODERS OF PERINATAL PERIOD

No Change **Respiratory and cardiovascular disorders specific to the perinatal period (P19-P29)**

No Change **P22 Respiratory distress of newborn**

Delete **Excludes1:** respiratory arrest of newborn (P28.81)
Delete respiratory failure of newborn NOS (P28.5)

No Change **P22.0 Respiratory distress syndrome of newborn**

Add **Excludes2:** respiratory arrest of newborn (P28.81)
Add respiratory failure of newborn NOS (P28.5)

No Change **P22.8 Other respiratory distress of newborn**

Add **Excludes1:** respiratory arrest of newborn (P28.81)
Add respiratory failure of newborn NOS (P28.5)

No Change **P22.9 Respiratory distress of newborn, unspecified**

Add **Excludes1:** respiratory arrest of newborn (P28.81)
Add respiratory failure of newborn NOS (P28.5)

ZIKA VIRUS ASSOCIATED MICROCEPHALY

No Change **Q02 Microcephaly**

Delete **Use Additional** code, if applicable, to identify congenital Zika virus disease

Add **Code first**, if applicable, congenital Zika virus disease

Under microcephaly (Q02), Use additional code was changed to a Code first note, if applicable, congenital zika virus

No Change **O36 Maternal care for other fetal problems**

No Change **O36.8 Maternal care for other specified fetal problems**

No Change **O36.83 Maternal care for abnormalities of the fetal heart rate or rhythm**

- Add Maternal care for depressed fetal heart rate tones
- Add Maternal care for fetal bradycardia
- Add Maternal care for fetal heart rate abnormal variability
- Add Maternal care for fetal heart rate decelerations
- Add Maternal care for fetal heart rate irregularity
- Add Maternal care for fetal tachycardia
- Add Maternal care for non-reassuring fetal heart rate or rhythm

- Added additional inclusion notes
- Added subterms for indexing maternal care affected by fetal bradycardia, depressed heart rate, non-reassuring heart rate and rhythm

RUPTURED ANEURYSM, AVM, ARTERIOVENOUS FISTULA, BRAIN

Additional options were added for ruptured aneurysm of brain, and AVM, arteriovenous fistula the only default option was subarachnoid (I60.8, Other nontraumatic subarachnoid hemorrhage)

- o Intracerebral
- o Intraparenchymal
- o Intraventricular
- o Subarachnoid

<i>No Change</i>	Anastomosis
<i>No Change</i>	- arteriovenous ruptured brain I60.8
<i>Add</i>	-- intracerebral I61.8
<i>Add</i>	-- intraparenchymal I61.8
<i>Add</i>	-- intraventricular I61.5
<i>Add</i>	-- subarachnoid I60.8
<i>No Change</i>	Aneurysm (anastomotic) (artery) (cirroid) (diffuse) (false) (fusiform) (multiple) (saccular) I72.9
<i>No Change</i>	- arteriovenous (congenital) - see also Malformation, arteriovenous
<i>No Change</i>	-- acquired I77.0
<i>No Change</i>	--- brain I67.1
<i>Add</i>	---- ruptured - see Aneurysm, arteriovenous, brain, ruptured
<i>No Change</i>	-- brain Q28.2
<i>No Change</i>	--- ruptured I60.8
<i>Add</i>	---- intracerebral I61.8
<i>Add</i>	---- intraparenchymal I61.8
<i>Add</i>	---- intraventricular I61.5
<i>Add</i>	---- subarachnoid I60.8
<i>No Change</i>	- brain I67.1
<i>No Change</i>	-- arteriovenous (congenital) (nonruptured) Q28.2
<i>No Change</i>	--- acquired I67.1
<i>Revise from</i>	---- ruptured I60.8
<i>Revise to</i>	---- ruptured - see Aneurysm, arteriovenous, brain, ruptured I60.8
<i>Revise from</i>	--- ruptured I60.8
<i>Revise to</i>	--- ruptured - see Aneurysm, arteriovenous, brain, ruptured I60.8

No Change **I82 Other venous embolism and thrombosis**

No Change **I82.4 Acute embolism and thrombosis of deep veins of lower extremity**

No Change **I82.41 Acute embolism and thrombosis of femoral vein**

Add Acute embolism and thrombosis of common femoral vein

Add Acute embolism and thrombosis of deep femoral vein

No Change **I82.42 Acute embolism and thrombosis of iliac vein**

Add Acute embolism and thrombosis of common iliac vein

Add Acute embolism and thrombosis of external iliac vein

Add Acute embolism and thrombosis of internal iliac vein

No Change **I82.44 Acute embolism and thrombosis of tibial vein**

Add Acute embolism and thrombosis of anterior tibial vein

Add Acute embolism and thrombosis of posterior tibial vein

Add **I82.45 Acute embolism and thrombosis of peroneal vein**

Add **I82.451 Acute embolism and thrombosis of right peroneal vein**

Add **I82.452 Acute embolism and thrombosis of left peroneal vein**

Add **I82.453 Acute embolism and thrombosis of peroneal vein, bilateral**

Add **I82.459 Acute embolism and thrombosis of unspecified peroneal vein**

Add **I82.46 Acute embolism and thrombosis of calf muscular vein**

Add Acute embolism and thrombosis of calf muscular vein, NOS

Add Acute embolism and thrombosis of gastrocnemial vein

Add Acute embolism and thrombosis of soleal vein

Add **I82.461 Acute embolism and thrombosis of right calf muscular vein**

Add **I82.462 Acute embolism and thrombosis of left calf muscular vein**

Add **I82.463 Acute embolism and thrombosis of calf muscular vein, bilateral**

Add **I82.469 Acute embolism and thrombosis of unspecified calf muscular vein**

EMBOLISM AND THROMBOSIS OF DEEP LOWER EXTREMITIES

Inclusion terms and tabular subterms added to aid coders with assigning specific vessels

NON-ISCHEMIC CARDIOMYOPATHY

No Change **Cardiomyopathy (familial) (idiopathic) I42.9**
No Change - amyloid E85.4 [I43]
Revise from - - transthyretin-related (ATTR) familial E85.4
Revise to - - transthyretin-related (ATTR) familial E85.4 [I43]
Add - non-ischemic (see also by cause) I42.8
Add - specified NEC I42.8

VARIX (LOWER LIMB)

Revise from **Varix (lower limb) (ruptured) I83.90**
Revise to **Varix (lower limb) I83.90**
No Change - with
Add - - bleeding I83.899
Add - - rupture I83.899

HEART FAILURE WITH HYPERTENSION

No Change **Failure, failed**
No Change - heart (acute) (senile) (sudden) I50.9
No Change - - with
Add - - - hypertension - see Hypertension, heart

RIGHT VENTRICULAR OBSTRUCTION SYNDROME

No Change **Syndrome** - see also Disease
Add - Churg-Strauss M30.1
Revise from - Danlos' Q79.6
Revise to - Danlos' (see also Syndrome, Ehlers-Danlos) Q79.60
Revise from - Ehlers-Danlos Q79.6
Revise to - Ehlers-Danlos Q79.60
Add - - classical (cEDS) (classical EDS) Q79.61
Add - - hypermobile (hEDS) (hypermobile EDS) Q79.62
Add - - specified NEC Q79.69
Add - - vascular (vascular EDS) (vEDS) Q79.63
Add - Glass Q87.89
No Change - popliteal
Add - - post endometrial ablation N99.85
Add - Prader-Willi Q87.11
Add - Prader-Willi-like Q87.19
Revise from - premenstrual dysphoric F32.89
Revise to - premenstrual dysphoric F32.81
Revise from - pseudo -Turner's Q87.1
Revise to - pseudo -Turner's Q87.19
No Change - right
Revise from - - ventricular obstruction - see Failure, heart, congestive
Revise to - - ventricular obstruction - see Failure, heart, right
Add - SATB2-associated Q87.89

PERIPHERAL ARTERIAL DISEASE (PAD)

- No Change* **Disease, diseased** - see also Syndrome
- No Change* - arterial I77.9
- Add* - - peripheral I73.9
- No Change* - artery I77.9
- No Change* - - coronary I25.10
- Revise from* - - - with angina pectoris - see Arteriosclerosis, coronary (artery),
- Revise to* - - - with angina pectoris - see Arteriosclerosis, coronary (artery)
- Add* - - peripheral I73.9

DELIRIUM

No Change **Delirium, delirious (acute or subacute) (not alcohol- or drug-induced) (with dementia) R41.0**
No Change - due to (secondary to)
Revise from - - unknown etiology F05
Revise to - - unknown etiology R41.0

Changing indexing for Delirium unknown cause from F05 (Delirium due to known physiological condition) to R41.0 (Disorientation, unspecified)

Reference: Delirium of unknown etiology, ICD-10-CM/PCS Coding Clinic, Second Quarter ICD-10 2019 Page: 34 Effective with discharges: June 21, 2019

FRACTURE UPDATES

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No Change **Fracture, traumatic (abduction) (adduction) (separation) (see also Fracture, pathological) T14.8**

No Change - femur, femoral S72.9-

Revise from - - transcervical - see Fracture, femur, upper end, neck

Revise to - - transcervical - see Fracture, femur, midcervical

Add - fragility - see Fracture, pathological, due to osteoporosis

Revise from - orbit, orbital (bone) (region) S02.8-

Revise to - orbit, orbital (bone) (region) S02.85

Revise from - - roof S02.19

Revise to - - roof S02.12-

Add - - wall S02.85

Add - - - lateral S02.84-

Add - - - medial S02.83-

No Change - toe S92.91-

No Change - - lesser (displaced) S92.50-

Revise from - - - medial phalanx (displaced) S92.52-

Revise to - - - middle phalanx (displaced) S92.52-

MUSCLE DIASTASIS

.....

No Change **Separation**

Add - muscle (nontraumatic) - see Diastasis, muscle

PYELITIS AND PYELONEPHRITIS WITH CALCULUS AND HYDRONEPHOSIS

Indexing changes from to N13.2
[Hydronephrosis with renal and
ureteral calculous obstruction] to
N13.6 [Pyonephrosis]

There was some discrepancies
based on how you indexed the
code (see 2019 index
hydronephrosis vs. calculus)

Reference: Urinary tract infection and
hydronephrosis with obstruction due to
ureteral calculus ICD-10-CM/PCS
Coding Clinic, **Second Quarter ICD-10
2018** Page: 21 Effective with discharges:
June 6, 2018

<i>No Change</i>	Calculus, calculi, calculous
<i>No Change</i>	- pyelitis (impacted) (recurrent) N20.0
<i>Revise from</i>	- - with hydronephrosis N13.2
<i>Revise to</i>	- - with hydronephrosis N13.6
<i>No Change</i>	- pyelonephritis (impacted) (recurrent) - see category N20
<i>Revise from</i>	- - with hydronephrosis N13.2
<i>Revise to</i>	- - with hydronephrosis N13.6
<i>No Change</i>	Pyelitis (congenital) (uremic) - see also Pyelonephritis
<i>No Change</i>	- with
<i>No Change</i>	- - calculus - see category N20
<i>Revise from</i>	- - - with hydronephrosis N13.2
<i>Revise to</i>	- - - with hydronephrosis N13.6
<i>No Change</i>	- chronic N11.9
<i>No Change</i>	- - with calculus - see category N20
<i>Revise from</i>	- - - with hydronephrosis N13.2
<i>Revise to</i>	- - - with hydronephrosis N13.6
<i>No Change</i>	Pyelonephritis - see also Nephritis, tubulo-interstitial
<i>No Change</i>	- with
<i>No Change</i>	- - calculus - see category N20
<i>Revise from</i>	- - - with hydronephrosis N13.2
<i>Revise to</i>	- - - with hydronephrosis N13.6
<i>No Change</i>	- calculous - see category N20
<i>Revise from</i>	- - with hydronephrosis N13.2
<i>Revise to</i>	- - with hydronephrosis N13.6
<i>No Change</i>	- chronic N11.9
<i>No Change</i>	- - with calculus - see category N20
<i>Revise from</i>	- - - with hydronephrosis N13.2
<i>Revise to</i>	- - - with hydronephrosis N13.6

BODY MASS INDEX

Adult BMI codes revised inclusion notes , “BMI adult codes are for use for persons 21 years or older” being changed to “BMI adult codes are for use for person 20 years of age or older. Likewise, pediatric range was adjusted to 2-19.

No Change **Body mass index [BMI] (Z68)**

No Change **Z68 Body mass index [BMI]**

No Change
Revise from
Revise to
Revise from

Note:

BMI adult codes are for use for persons 21 years of age or older
BMI adult codes are for use for persons 20 years of age or older
BMI pediatric codes are for use for persons 2-20 years of age. These percentiles are based on the growth charts published by the Centers for Disease Control and Prevention (CDC)
BMI pediatric codes are for use for persons 2-19 years of age.
These percentiles are based on the growth charts published by the Centers for Disease Control and Prevention (CDC)

Revise to
Add

No Change

Z68.4 Body mass index (BMI) 40 or greater, adult

Revise from
Revise to

Z68.43 Body mass index (BMI) 50-59.9, adult
Z68.43 Body mass index (BMI) 50.0-59.9, adult

ENCOUNTER FOR ADJUSTMENT OR REMOVAL OF BREAST IMPLANT

No Change

Z45.8 Encounter for adjustment and management of other implanted devices

No Change

Z45.81 Encounter for adjustment or removal of breast implant

Revise from

Encounter removal of tissue expander without synchronous insertion of permanent implant

Revise to

Encounter removal of tissue expander with or without synchronous insertion of permanent implant

Left against Medical Advice

<i>No Change</i>	Canceled procedure (surgical) Z53.9
<i>No Change</i>	- because of
<i>Revise from</i>	- - left against medical advice (AMA) Z53.21
<i>Revise to</i>	- - left against medical advice (AMA) Z53.29

Z53.2 Procedure and treatment not carried out because of patient's decision for other and unspecified reasons

Z53.20 Procedure and treatment not carried out because of patient's decision for unspecified reasons

Z53.21 Procedure and treatment not carried out due to patient leaving prior to being seen by health care provider

Z53.29 Procedure and treatment not carried out because of patient's decision for other reasons