2020 ICD-10-CM Codes Update: Implement by Oct. 1 Deadline

Presented by:
Kim Garner Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO, COC
Adenosine Deaminase Deficiency

- 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
Pulmonary Embolism

- I26.93 - Single subsegmental pulmonary embolism without acute cor pulmonale
- I26.94 - Multiple subsegmental pulmonary emboli without acute cor pulmonale

Atrial Fibrillation

- I48.11 - Longstanding persistent atrial fibrillation
- I48.19 - Other persistent atrial fibrillation
  - Chronic persistent atrial fibrillation
  - Persistent atrial fibrillation, NOS
- I48.20 - Chronic atrial fibrillation, unspecified
- I48.21 - Permanent atrial fibrillation
Phlebitis and Thrombophlebitis

• 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
• I80.251 - Phlebitis and thrombophlebitis of right calf muscular vein
• I80.252 - Phlebitis and thrombophlebitis of left calf muscular vein
• I80.253 - Phlebitis and thrombophlebitis of calf muscular vein, bilateral
• I80.259 - Phlebitis and thrombophlebitis of unspecified calf muscular vein

Acute Embolism and Thrombosis

• 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
• I82.461 - Acute embolism and thrombosis of right calf muscular vein
• I82.462 - Acute embolism and thrombosis of left calf muscular vein
• I82.463 - Acute embolism and thrombosis of calf muscular vein, bilateral
• I82.469 - Acute embolism and thrombosis of unspecified calf muscular vein
Chronic Embolism and Thrombosis

- 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
- I82.559 - Chronic embolism and thrombosis of unspecified peroneal vein
- I82.561 - Chronic embolism and thrombosis of right calf muscular vein
- I82.562 - Chronic embolism and thrombosis of left calf muscular vein
- I82.563 - Chronic embolism and thrombosis of calf muscular vein, bilateral
- I82.569 - Chronic embolism and thrombosis of unspecified calf muscular vein

Pressure-Induced Deep Tissue Damage

Sixth character 6 established in L89.** for pressure-induced deep tissue damage.

For example –
- L89.136 - Pressure-induced deep tissue damage of right lower back
- L89.226 - Pressure-induced deep tissue damage of left hip
- L89.526 - Pressure-induced deep tissue damage of left ankle
- L89.816 - Pressure-induced deep tissue damage of head
Genitourinary System

- N63.15 - Unspecified lump in the right breast, overlapping quadrants
- N63.25 - Unspecified lump in the left breast, overlapping quadrants

- N99.85 - Post endometrial ablation syndrome

Congenital Abnormalities of the Feet

Additional character added to indicate laterality.
For example –
- Q66.00 - Congenital talipes equinovarus, unspecified foot
- Q66.11 - Congenital talipes calcaneovarus, right foot
- Q66.212 - Congenital metatarsus primus varus, left foot
- Q66.41 - Congenital talipes calcaneovalgus, right foot
- Q66.71 - Congenital pes cavus, right foot
Ehler-Danos Syndromes

- Q79.60 - Ehlers-Danlos syndrome, unspecified
- Q79.61 - Classical Ehlers-Danlos syndrome
- Q79.62 - Hypermobile Ehlers-Danlos syndrome
- Q79.63 - Vascular Ehlers-Danlos syndrome
- Q79.69 - Other Ehlers-Danlos syndromes

Congenital Malformation Associated with Short Stature

- Q87.11 - Prader-Willi syndrome
- Q87.19 - Other congenital malformation syndromes predominantly associated with short stature
Symptoms

- R11.15 - Cyclical vomiting syndrome unrelated to migraine
- R82.81 - Pyuria
- R82.89 - Other abnormal findings on cytological and histological examination of urine

Fracture of Orbital Roof and Walls

- S02.121 - Fracture of orbital roof, right side
- S02.122 - Fracture of orbital roof, left side
- S02.129 - Fracture of orbital roof, unspecified side
- S02.831 - Fracture of medial orbital wall, right side
- S02.832 - Fracture of medial orbital wall, left side
- S02.839 - Fracture of medial orbital wall, unspecified side
- S02.841 - Fracture of lateral orbital wall, right side
- S02.842 - Fracture of lateral orbital wall, left side
- S02.849 - Fracture of lateral orbital wall, unspecified side
- S02.85 - Fracture of orbit, unspecified
Multiple Unspecified Drugs

- T50.911 - Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional)
- T50.912 - Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm
- T50.913 - Poisoning by multiple unspecified drugs, medicaments and biological substances, assault
- T50.914 - Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined
- T50.915 - Adverse effect of multiple unspecified drugs, medicaments and biological substances
- T50.916 - Underdosing of multiple unspecified drugs, medicaments and biological substances

Heatstroke

- T67.01 - Heatstroke and sunstroke
- T67.02 - Exertional heatstroke
- T67.09 - Other heatstroke and sunstroke
Legal Intervention

Sixth character 9 added to indicate unspecified person injured – other codes specify law enforcement, bystander, or suspect

For example –

- Y35.049 - Legal intervention involving injury by rubber bullet, unspecified person injured
- Y35.119 - Legal intervention involving injury by dynamite, unspecified person injured
- Y35.129 - Legal intervention involving injury by explosive shell, unspecified person injured
- Y35.029 - Legal intervention involving injury by handgun, unspecified person injured

Encounter For....

- Z01.020 - Encounter for examination of eyes and vision following failed vision screening without abnormal findings
- Z01.021 - Encounter for examination of eyes and vision following failed vision screening with abnormal findings
- Z11.7 - Encounter for testing for latent tuberculosis infection
- Z71.84 - Encounter for health counseling related to travel
Carrier and Personal History

- Z22.7 - Latent tuberculosis
- Z86.15 - Personal history of latent tuberculosis infection

- Z86.002 - Personal history of in-situ neoplasm of other and unspecified genital organs
- Z86.003 - Personal history of in-situ neoplasm of oral cavity, esophagus and stomach
- Z86.004 - Personal history of in-situ neoplasm of other and unspecified digestive organs
- Z86.005 - Personal history of in-situ neoplasm of middle ear and respiratory system
- Z86.006 - Personal history of melanoma in-situ
- Z86.007 - Personal history of in-situ neoplasm of skin
- Z86.008 - Personal history of in-situ neoplasm of other site

Neurostimulator

- Z96.82 Presence of neurostimulator
Conventions and Other Guidance

- Code first guidance added to B97.4 – RSV as cause of diseases classified elsewhere.
- Sequencing guidance changed for Type 2 Mis.
  - Code first the underlying cause.
- Vertigo of central origin no longer specific to laterality.
- Excludes1 notes changed to Excludes2 notes.

Guideline Changes

Sequencing of type 2 myocardial infarction codes

- 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.
Guideline Changes

• Clarification that Chapter 19 codes are not to be used for iatrogenic injuries
• Complication codes from the body system chapters should be assigned for intraoperative and postprocedural unless the complication is specifically indexed to a T code in chapter 19.

Guideline Changes

• Inpatient admissions may now be coded based on documentation of “consistent with” or “compatible with” — BUT this guideline has not changed for outpatient or physician coding.
Coding Clinic Guidance

• When a diabetic patient has peripheral artery disease, two codes should be assigned:
  • E11.51 - Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
  • I70.2* - Atherosclerosis of native arteries of extremities
    3Q 2018

• A patient with type 1.5 diabetes is to be coded E13 - Other specified diabetes mellitus
  3Q 2018

Coding Clinic Guidance

• Code Z41.2 - Encounter for routine and ritual circumcision is not assigned when the circumcision is performed during the birth admission.
  3Q 2018

• Maternity care for a patient with previous cesarean delivery is coded based on the previous type of incision. When documentation states that the patient had a previous cesarean section and the type of scar is not specified, assign code O34.219, Maternal care for unspecified type scar from previous cesarean delivery.
  3Q 2018
Coding Clinic Guidance

• For a patient with stenosis and/or radiculopathy, assign codes for the stenosis based on region M48.**, the radiculopathy based on region M54.**, and/or G99.2, Myelopathy in diseases classified elsewhere.
  3Q 2018

• The appropriate code assignment for lumbar spondylolisthesis with radiculopathy is M43.16 - Spondylolisthesis, lumbar region, and M54.16 - Radiculopathy, lumbar spine.
  3Q 2018

Coding Clinic Guidance

• The fact that bleeding is not seen during colonoscopy does not preclude the assignment of a code describing hemorrhage. ICD10-CM makes a linkage between gastrointestinal hemorrhage and diverticulosis and angiodyplasia; therefore, the provider does not have to link the conditions in the documentation.
  3Q 2018
Coding Clinic Guidance

• If the provider documents that the pneumonia is specific to a lobe, or a similar diagnostic statement for pneumonia affecting one or more lobes of the five lobes of the lung, or part of a lobe, code J18.1 would be assigned when the causal organism is not specified.

• If the specific organism causing the pneumonia is documented, assign a combination code indicating the specific pneumonia with the responsible organism.

  3Q 2018

Coding Clinic Guidance

• Obesity and morbid obesity are always clinically significant and reportable when documented by the provider. In addition, if documented, the body mass index (BMI) code may be coded in addition to the obesity or morbid obesity code.

• Neither the code for overweight nor the BMI code is assigned if there is no documentation that the diagnosis of “overweight” meets the definition of a reportable secondary diagnosis. While “overweight” may place a patient at increased risk for certain medical conditions, it does not automatically meet the definition of a reportable diagnosis.

  4Q 2018
Coding Clinic Guidance

• Conventions in the ICD-10-CM and ICD-10-PCS classification take precedence over the Official Guidelines for Coding and Reporting, and both the classification and guidelines take precedence over Coding Clinic advice.

  4Q 2018

• If the provider documents both chronic and persistent atrial fibrillation, only the persistent is coded. Chronic is a nonspecific term.

  4Q 2018

Coding Clinic Guidance

• Provider documentation must specifically indicate AIDS or that the patient has an HIV-related illness prior to assigning code B20, Human immunodeficiency virus [HIV] disease. It would not be appropriate to automatically link a diagnosis as an HIV-related condition based solely on the CDC’s AIDS-Defining Illnesses list and/or conditions. If the documentation is unclear or ambiguous regarding the patient’s HIV status, the provider should be queried for clarification.

  1Q 2019

• The correct code for pseudoangiomatous stromal hyperplasia of breast (PASH) is for N64.89, Other specified disorders of breast. If a more specific breast disease is documented, assign a more specific code instead of code N64.89.

  1Q 2019
Coding Clinic Guidance

• For a patient with sick sinus syndrome or other significant heart rhythm abnormality, it is appropriate to code the specific condition and the presence of the cardiac device. For example, assign codes I49.5 - Sick sinus syndrome and Z95.0 - Presence of cardiac pacemaker. The SSS is still present and is a reportable chronic condition. Although the pacemaker is controlling the heart rate, it does not cure SSS and the condition is still being managed/monitored.
  1Q 2019

Coding Clinic Guidance

• When a patient has multiple valve disorders, i.e., mitral and aortic, and the physician does not document the cause, rheumatic origin is assumed.
  2Q 2019
• The correct code for an elevated troponin level when myocardial infarction has been ruled out is R79.89 - Other specified abnormal findings of blood chemistry
  2Q 2019
Coding Clinic Guidance

• Any condition that would affect the function of the transplanted organ should be coded as a complication, but not as a failure of the transplanted organ.
  2Q 2019

• Acute on chronic meniscal tear or other similar injury is coded only to the acute.
  2Q 2019

• A degenerative superior labrum anterior posterior (SLAP) tear is coded as traumatic as they are usually the result of repetitive trauma.
  2Q 2019

Questions?

Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO, COC
205/621-0966
kim@kimthecoder.com
Facebook.com/KimtheCoder