FY 2018 Coding Updates

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Agenda

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ICD-10-CM Guidelines

New ICD-10-CM Codes

FY 2018 ICD-10-CM Updates

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Effective October 1, 2017

Updated:

ICD-10-CM Official Guidelines for Coding and Reporting FY 2018

(October 1,2017 – September 30, 2018)

https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-CM-and-GEMs.html

Code Changes:

- Over 350 new ICD-10-CM codes
- More than 150 dropped codes
- More than 270 revised codes

Coding Guideline Updates – “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, 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”).**

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, not in alphabetical order.

Coding Guideline Updates – "Diabetes"

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Diabetes mellitus and the use of insulin and oral hypoglycemics

- If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11-, Type 2 diabetes mellitus, should be assigned**. An additional code should be assigned from category Z79 to identify the long-term (current) use of insulin or oral hypoglycemic drugs. If the patient is treated with both oral medications and insulin, only the code for long-term (current) use of insulin should be assigned. Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter.**

Secondary diabetes mellitus and the use of insulin or *oral* hypoglycemic drugs

- **For patients with secondary diabetes mellitus who routinely use insulin or oral hypoglycemic drugs, an additional code from category Z79 should be assigned to identify the long-term (current) use of insulin or oral hypoglycemic drugs. If the patient is treated with both oral medications and insulin, only the code for long-term (current) use of insulin should be assigned. Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter.**

Coding Guideline Updates – "Substance Abuse"

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In Remission

Selection of codes for "in remission" for categories F10-F19, Mental and behavioral disorders due to psychoactive substance use (categories F10-F19 with **-11,** -.21) requires the provider's clinical judgment. The appropriate codes for "in remission" are assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting)**, unless otherwise instructed by the classification.**

Mild substance use disorders in early or sustained remission are classified to the appropriate codes for substance abuse in remission, and moderate or severe substance use disorders in early or sustained remission are classified to the appropriate codes for substance dependence in remission.

Documentation of severity as Mild, Moderate, Severe cannot be indexed in the alpha index

Coding Guideline Updates – "Substance Abuse"

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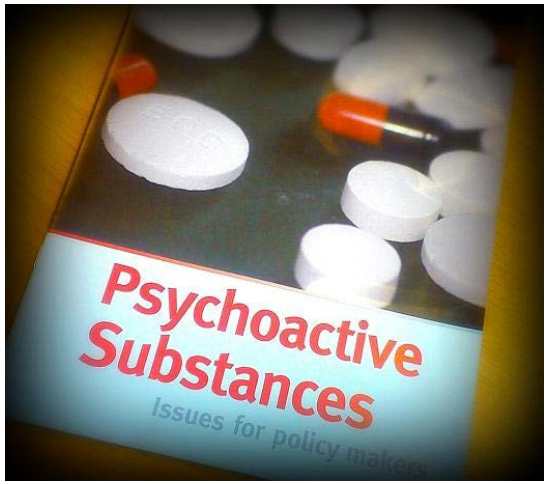
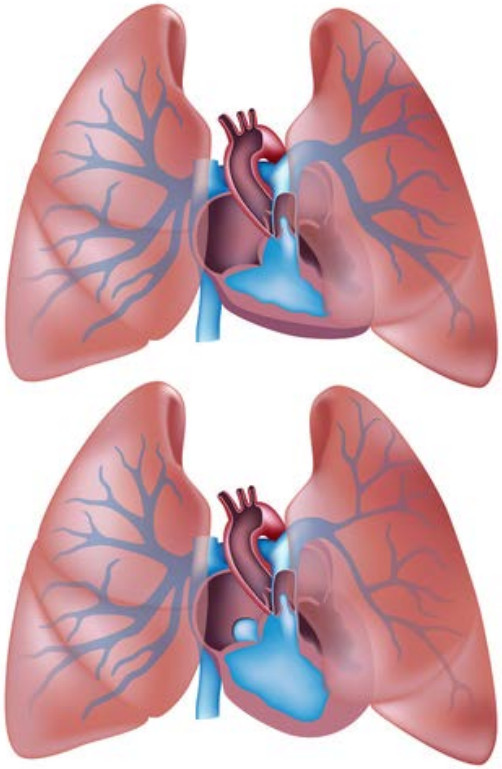
Psychoactive Substance Use *Disorders*

As with all other diagnoses, the codes for psychoactive substance use **disorders** (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses). ***The codes are to be used only when the psychoactive substance use is associated with a physical, mental or behavioral disorder, and such a relationship is documented by the provider.***



Coding Guideline Updates – “Pulmonary HTN”



Pulmonary Hypertension

Pulmonary hypertension is classified to category I27, Other pulmonary heart diseases. For secondary pulmonary hypertension (I27.1, I27.2-), code also any associated conditions or adverse effects of drugs or toxins. The sequencing is based on the reason for the encounter.

Coding Guideline Updates – “Acute Myocardial Infarction”

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Type 1 ST elevation myocardial infarction (STEMI) and non-ST elevation myocardial infarction (NSTEMI)

The ICD-10-CM codes for **type 1** acute myocardial infarction (AMI) identify the site, such as anterolateral wall or true posterior wall. Subcategories I21.0-I21.2 and code I21.3 are used for **type 1** ST elevation myocardial infarction (STEMI). Code I21.4, Non-ST elevation (NSTEMI) myocardial infarction, is used for **type 1** non ST elevation myocardial infarction (NSTEMI) and nontransmural MIs.

If **a type 1** NSTEMI evolves to STEMI, assign the STEMI code. If **a type 1** STEMI converts to NSTEMI due to thrombolytic therapy, it is still coded as STEMI.

Coding Guideline Updates – "Acute Myocardial Infarction"

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NEWLY DEFINED TYPES OF MYOCARDIAL INFARCTION	
Type 1	Spontaneous MI associated with ischemia and due to a primary coronary event such as plaque erosion, rupture, fissuring or dissection.
Type 2	Due to imbalance in supply and demand of oxygen. Result of ischemia but not ischemia form thrombosis of coronary artery.
Type 3	Sudden cardiac death, including cardiac arrest, with symptoms of ischemia, accompanied by new ST elevation or LBBB, Verified coronary thrombus by angiography or autopsy but death occurring before blood samples could be obtained or before biomarkers appear in the blood.
Type 4a	MI associated with percutaneous coronary intervention. PCI-related increase of biomarkers (assuming a normal troponin baseline) greater than 3 X 99^{th} percentile of the upper reference limit is by convention defined as MI.
Type 4b	MI associated with verified stent thrombosis via angiography or autopsy.
Type 5	MI associated with CABG >5 X 99^{th} percentile upper reference limit plus new Q waves or LBBB or imaging evidence of new loss.

Coding Guideline Updates – "Acute Myocardial Infarction"

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Acute myocardial infarction, unspecified

Code **I21.9, Acute myocardial infarction, unspecified,** is the default for unspecified acute myocardial infarction **or unspecified type**. If only **type 1** STEMI or transmural MI without the site is documented, assign code I21.3, **ST elevation (STEMI) myocardial infarction of unspecified site**.

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.

Coding Guideline Updates – “Acute Myocardial Infarction”

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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, and myocardial infarction due to demand ischemia or secondary to ischemic balance, is assigned to code I21.A1, Myocardial infarction type 2 with a code for the underlying cause. Do not assign code I24.8, Other forms of acute ischemic heart disease, for the demand ischemia. Sequencing of type 2 AMI or the underlying cause is dependent on the circumstances of admission. When a type 2 AMI code 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 post procedural myocardial infarctions during or following cardiac surgery.

Coding Guideline Updates – “Non-Pressure Ulcers”

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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.

2) Patients admitted with non-pressure ulcers documented as healing
Non-pressure ulcers described as healing should be assigned the appropriate non-pressure ulcer code based on the documentation in the medical record. If the documentation does not provide information about the severity of the healing non-pressure ulcer, assign the appropriate code for unspecified severity.

If the documentation is unclear as to whether the patient has a current (new) non-pressure ulcer or if the patient is being treated for a healing non-pressure ulcer, query the provider.
For ulcers that were present on admission but healed at the time of discharge, assign the code for the site and severity of the non-pressure ulcer at the time of admission.

3) Patient admitted with non-pressure ulcer that progresses to another severity level during the admission

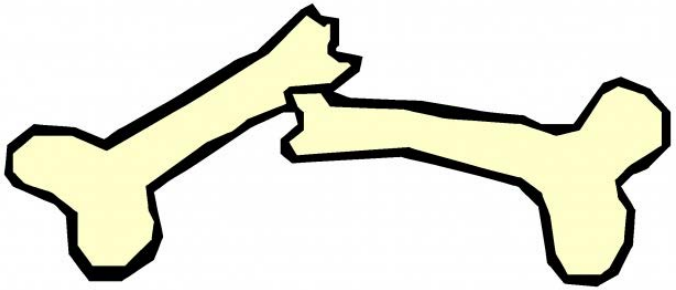
If a patient is admitted to an inpatient hospital with a non-pressure ulcer at one severity level and it progresses to a higher severity level, two separate codes should be assigned: one code for the site and severity level of the ulcer on admission and a second code for the same ulcer site and the highest severity level reported during the stay.

Coding Guideline Updates – “Pathologic Fractures”

7th character A is for use as long as the patient is receiving active treatment for the fracture. While the patient may be seen by a new or different provider over the course of treatment for a pathological fracture, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.

7th character D is to be used for encounters after the patient has completed active treatment for the fracture and is receiving routine **care for the fracture during the healing or recovery phase**. The other 7th characters, listed under each subcategory in the Tabular List, are to be used for subsequent encounters for treatment of problems associated with the healing, such as malunions**,** nonunions, and sequelae.

Care for complications of surgical treatment for fracture repairs during the healing or recovery phase should be coded with the appropriate complication codes.



FY 2018 Code Updates

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A04.71	Enterocolitis due to Clostridium difficile, recurrent
A04.72	Enterocolitis d/t Clostridium difficile, not spcf as recur
C96.20	Malignant mast cell neoplasm, unspecified
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
C96.29	Other malignant mast cell neoplasm
D47.01	Cutaneous mastocytosis
D47.02	Systemic mastocytosis
D47.09	Other mast cell neoplasms of uncertain behavior

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E11.10	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma
E85.81	Light chain (AL) amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
F10.11	Alcohol abuse, in remission
F11.11	Opioid abuse, in remission
F12.11	Cannabis abuse, in remission
F13.11	Sedative, hypnotic or anxiolytic abuse, in remission
F14.11	Cocaine abuse, in remission
F15.11	Other stimulant abuse, in remission
F16.11	Hallucinogen abuse, in remission
F18.11	Inhalant abuse, in remission
F19.11	Other psychoactive substance abuse, in remission
F50.82	Avoidant/restrictive food intake disorder

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G12.23	**Primary lateral sclerosis**
G12.24	**Familial motor neuron disease**
G12.25	**Progressive spinal muscle atrophy**
H44.2A-	Degenerative myopia with choroidal neovascularization, Specify Laterality
H44.2B-	Degenerative myopia with macular hole, Specify Laterality
H44.2C-	Degenerative myopia with retinal detachment, Specify Laterality
H44.2D-	Degenerative myopia with foveoschisis, Specify Laterality
H44.2E-	Degenerative myopia with other maculopathy, Specify Laterality
H54.0X3	Blindness right eye, category 3
H54.0X4	Blindness right eye, category 4
H54.0X5	Blindness right eye, category 5
H54.113	Blindness right eye category 3, low vision left eye
H54.114	Blindness right eye category 4, low vision left eye
H54.115	Blindness right eye category 5, low vision left eye
H54.121	Low vision right eye category 1, blindness left eye
H54.122	Low vision right eye category 2, blindness left eye
H54.2X1	Low vision, right eye, category 1
H54.2X2	Low vision, right eye, category 2
H54.413	Blindness, right eye, category 3
H54.414	Blindness, right eye, category 4
H54.415	Blindness, right eye, category 5
H54.42A	Blindness, left eye, category 3-5
H54.511	Low vision, right eye, category 1-2
H54.52A	Low vision, left eye, category 1-2

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I21.9	Acute myocardial infarction, unspecified
I21.A1	Myocardial infarction type 2
I21.A9	Other myocardial infarction type
I27.20	Pulmonary hypertension, unspecified
I27.21	Secondary pulmonary arterial hypertension
I27.22	Pulmonary hypertension due to left heart disease
I27.23	Pulmonary hypertension due to lung diseases and hypoxia
I27.24	Chronic thromboembolic pulmonary hypertension
I27.29	Other secondary pulmonary hypertension
I27.83	Eisenmenger's syndrome
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure

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K06.010	Localized gingival recession, unspecified
K06.011	Localized gingival recession, minimal
K06.012	Localized gingival recession, moderate
K06.013	Localized gingival recession, severe
K06.020	Generalized gingival recession, unspecified
K06.021	Generalized gingival recession, minimal
K06.022	Generalized gingival recession, moderate
K06.023	Generalized gingival recession, severe
K56.50	Intestnl adhesions, unsp as to partial versus complete obst
K56.51	Intestinal adhesions [bands], with partial obstruction
K56.52	Intestinal adhesions [bands] with complete obstruction
K56.600	Partial intestinal obstruction, unspecified as to cause
K56.601	Complete intestinal obstruction, unspecified as to cause
K56.609	Unsp intestnl obst, unsp as to partial versus complete obst
K56.690	Other partial intestinal obstruction
K56.691	Other complete intestinal obstruction
K56.699	Other intestnl obst unsp as to partial versus complete obst
K91.30	Postproc intestinal obst, unsp as to partial versus complete
K91.31	Postprocedural partial intestinal obstruction
K91.32	Postprocedural complete intestinal obstruction

FY 2018 Code Updates

There are **72** new Pressure Ulcer codes that have a new 6th digit

5 – With muscle involvement without evidence of necrosis
6 – With bone involvement without evidence of necrosis
8 – With other specified severity

(remember that the "other" must be documented somewhere in the note for this to be supported or captured)

L97.105	Non-prs chr ulc of unsp thigh with msl invl w/o evd of necr
L97.106	Non-prs chr ulc of unsp thigh with bone invl w/o evd of necr
L97.108	Non-prs chronic ulcer of unspecified thigh with oth severity

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M33.03	Juvenile dermatomyositis without myopathy
M33.13	Other dermatomyositis without myopathy
M33.93	Dermatopolymyositis, unspecified without myopathy
M48.061	Spinal stenosis, lumbar region without neurogenic claud
M48.062	Spinal stenosis, lumbar region with neurogenic claudication
N63.0	Unspecified lump in unspecified breast
N63.10	Unspecified lump in the right breast, unspecified quadrant
N63.11	Unspecified lump in the right breast, upper outer quadrant
N63.12	Unspecified lump in the right breast, upper inner quadrant
N63.13	Unspecified lump in the right breast, lower outer quadrant
N63.14	Unspecified lump in the right breast, lower inner quadrant
N63.20	Unspecified lump in the left breast, unspecified quadrant
N63.21	Unspecified lump in the left breast, upper outer quadrant
N63.22	Unspecified lump in the left breast, upper inner quadrant
N63.23	Unspecified lump in the left breast, lower outer quadrant
N63.24	Unspecified lump in the left breast, lower inner quadrant
N63.31	Unspecified lump in axillary tail of the right breast
N63.32	Unspecified lump in axillary tail of the left breast
N63.41	Unspecified lump in right breast, subareolar
N63.42	Unspecified lump in left breast, subareolar

Several "O" and "P" codes that are new also

FY 2018 Code Updates

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Q53.111	Unilateral intraabdominal testis
Q53.112	Unilateral inguinal testis
Q53.13	Unilateral high scrotal testis
Q53.211	Bilateral intraabdominal testes
Q53.212	Bilateral inguinal testes
Q53.23	Bilateral high scrotal testes
R06.03	Acute respiratory distress
R39.83	Unilateral non-palpable testicle
R39.84	Bilateral non-palpable testicles
T07.XXX	A Unspecified multiple injuries, initial encounter
T07.XXX	D Unspecified multiple injuries, subsequent encounter
T07.XXX	S Unspecified multiple injuries, sequela
T14.8XX	A Other injury of unspecified body region, initial encounter
T14.8XX	D Other injury of unspecified body region, subs
T14.8XX	S Other injury of unspecified body region, sequela
T14.90X	A Injury, unspecified, initial encounter
T14.90X	D Injury, unspecified, subsequent encounter
T14.90X	S Injury, unspecified, sequela
T14.91X	A Suicide attempt, initial encounter
T14.91X	D Suicide attempt, subsequent encounter
T14.91X	S Suicide attempt, sequela

Several "V" External Cause codes that are new also

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Z36.0	Encounter for antenatal screening for chromosomal anomalies
Z36.1	Enctr for antenat screen for raised alphafetoprotein level
Z36.2	Encounter for other antenatal screening follow-up
Z36.3	Encounter for antenatal screening for malformations
Z36.4	Enctr for antenatal screening for fetal growth retardation
Z36.5	Encounter for antenatal screening for isoimmunization
Z36.81	Encounter for antenatal screening for hydrops fetalis
Z36.82	Encounter for antenatal screening for nuchal translucency
Z36.83	Encounter for fetal screening for congenital cardiac abnlt
Z36.84	Encounter for antenatal screening for fetal lung maturity
Z36.85	Encounter for antenatal screening for Streptococcus B
Z36.86	Encounter for antenatal screening for cervical length
Z36.87	Encounter for antenatal screening for uncertain dates
Z36.88	Encounter for antenatal screening for fetal macrosomia
Z36.89	Encounter for other specified antenatal screening
Z36.8A	Encounter for antenatal screening for other genetic defects
Z36.9	Encounter for antenatal screening, unspecified
Z40.03	Encounter for prophylactic removal of fallopian tube(s)
Z71.82	Exercise counseling
Z71.83	Encounter for nonprocreative genetic counseling
Z91.841	Risk for dental caries, low
Z91.842	Risk for dental caries, moderate
Z91.843	Risk for dental caries, high
Z91.849	Unspecified risk for dental caries

Majority of the "Z" codes are for antenatal screenings

Questions

Please submit coding and documentation questions
to RAFeducation@cnchealthplan.com