



UPCOMING ICD-10-CM CHANGES

Payers and Providers Partnering for Success

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WHY THE CHANGES?

- On October 1, 2016 (one year after implementation of ICD-10), regular updates to ICD-10 will begin.
- The ICD-10-CM changes include all backlog of all proposed changes during the partial code set freeze prior to the release of ICD-10.
- Codes were added for conditions that were currently missing in ICD-10-CM such as pulsatile tinnitus and the Zika Virus
- With many changes and advancements in medicine since the freeze these new codes will reflect the changes and advances in medicine.
 - Example-Five years ago not many new what Zika virus was and now it's a big topic and concern with the need for a code.

WHAT IS CHANGING?

- 160 code proposals for additions/deletions/revisions have been on hold for the last five years due to the freeze.
- There will be a total of 3,092 changes between revisions, additions and deletions:
 - 1943 new codes
 - 422 revised from codes
 - 422 revised to codes
 - 305 deleted codes
- Many codes have changed in that laterality is now added.
- Unspecified codes have either been deleted and been replaced with more specific codes or have been revised to “NOS.”
- Most codes that are deleted will be replaced with more specific codes:
 - Example- the code for acute vascular disorders of intestine is deleted and will be replaced with 27 more specific codes.

WHAT IS CHANGING? (CONT.)

- Top three areas to see changes are:
 - Diabetes
 - Pregnancy and Newborn
 - Injuries and Poisoning
- There will be some guideline changes and pertinent background information on the new and revised codes
- The ICD-10-CM Official Coding and Reporting Guidelines along with any coding updates can be found through this link <https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-CM-and-GEMs.html>.

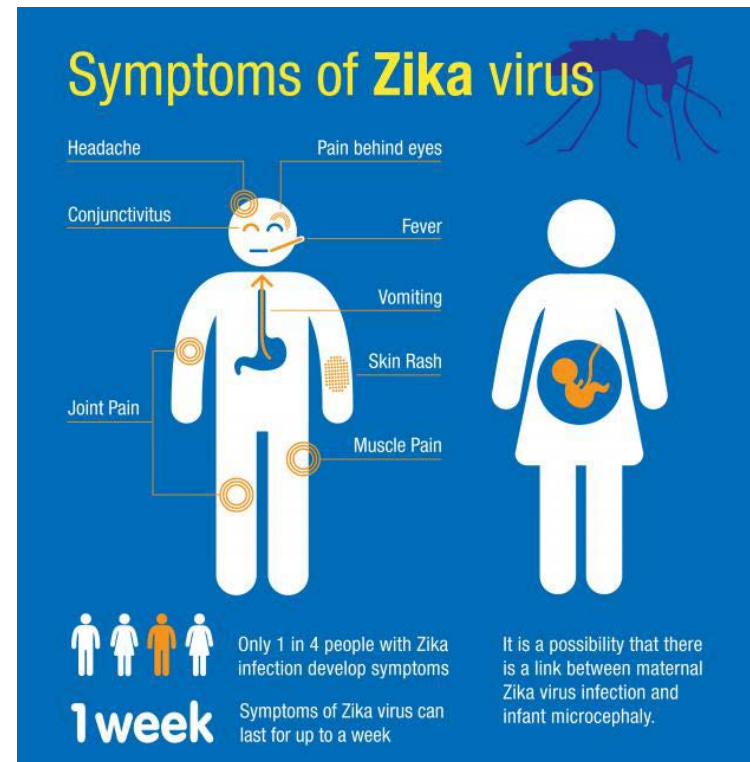
WHAT DOES THIS MEAN FOR HEALTHCARE ORGANIZATIONS?

- Practices and facilities will still need to consider what the impact will be from the new codes on clinical documentation, billing as well as medical policies.
- Improving clinical documentation is still a must with the new codes as well as the CMS-AMA flexibility coming to an end.
- Avoid using unspecified codes and also review local and national coverage determinations for code changes

ICD-10 CHANGES CHAPTER ONE INFECTIOUS AND PARASITIC DISEASES

- Total changes:
 - 1 new code

- New zika virus code has been assigned by the World Health Organization (WHO)
 - A92.5 Zika virus disease
 - Zika virus fever
 - Zika virus infection
 - Zika NOS



Symptoms of Zika virus

Headache, Pain behind eyes, Conjunctivitis, Fever, Vomiting, Skin Rash, Joint Pain, Muscle Pain

1 week

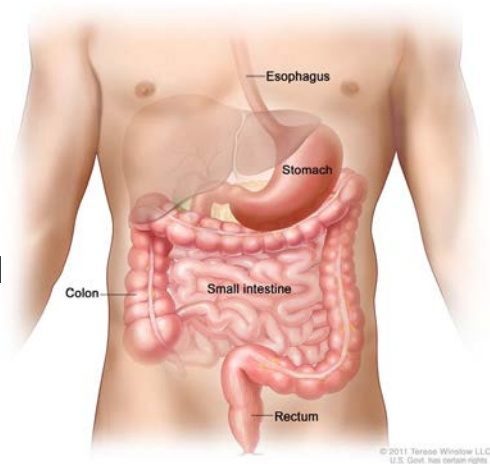
Only 1 in 4 people with Zika infection develop symptoms

Symptoms of Zika virus can last for up to a week

It is a possibility that there is a link between maternal Zika virus infection and infant microcephaly.

ICD-10 CHANGES CHAPTER TWO NEOPLASMS

- Total changes:
 - 19 new codes
 - 1 deleted code
 - 58 revised codes
- More codes to describe anatomical sites of gastrointestinal stromal tumors.
 - Example: C49.A3- Gastrointestinal stromal tumor of small intestine
- Hodgkin lymphoma code definitions revised.
 - “Classified” no longer part of description.
- Code additions for the following areas:
 - Castleman disease
 - Mast cell activation syndrome
 - Specific code reporting the rise in PSA following treatment for malignant neoplasm of prostate



ICD-10-CM CHANGES CHAPTER THREE DISEASES OF BLOOD AND BLOOD FORMING ORGANS

- Total changes:
 - 9 new codes
 - 2 revised codes
- Hemorrhage and Hematoma codes have been separated into their own codes making one code for hemorrhage and one code for hematoma.

ICD-10-CM CHANGES CHAPTER FOUR ENDOCRINE, METABOLIC, AND NUTRITIONAL DISEASES

- Total changes:
 - 265 new codes
 - 40 deleted code
 - 2 revised codes
- Laterality has been added in all code changes.
- Most of the deleted codes are of diabetes with manifestations in the eye(s) codes without specificity.
- Just like in chapter three the Hemorrhage and Hematoma codes have been separated into their own codes making one code for hemorrhage and one code for hematoma.

ICD-10-CM CHANGES CHAPTER FIVE MENTAL, BEHAVIORAL, AND NEURODEVELOPMENTAL DISORDERS

- Total changes:
 - 13 new codes
 - 4 deleted code
 - 1 revised codes
- New codes to capture hoarding, various obsessive-compulsive disorders and social pragmatic communication disorder.
- New codes to identify binge eating disorder and transsexualism

ICD-10-CM CHANGES CHAPTER SIX DISEASES OF THE NERVOUS SYSTEM

- Total changes:
 - 22 new codes
 - 2 revised codes
- Hemorrhage and Hematoma codes separated into own codes.
- Most changes occur in carpal tunnel disorders, tarsal tunnel disorders and in various lesions of specific nerves

ICD-10-CM CHANGES CHAPTER SEVEN DISEASES OF THE EYE AND ADNEXA

- Total changes:
 - 100 new codes
 - 15 deleted codes
 - 8 revised codes
- Additional codes for:
 - Central occlusion of the retinal vein
 - Nonexudative and exudative age related macular degeneration
 - Amblyopia suspect
- Expansion of codes in stages of primary open angle glaucoma

ICD-10-CM CHANGES CHAPTER EIGHT DISEASES OF THE EAR AND MASTOID PROCESS

- Total changes:
 - 14 new codes
 - 2 revised codes
 - Added hearing loss with additional information in relationship to the contralateral ear and pulsatile tinnitus.

ICD-10-CM CHANGES CHAPTER NINE CIRCULATORY SYSTEM

- Total changes:
 - 81 new codes
 - 10 deleted codes
 - 6 revised codes
- There will be three new hypertension codes:
 - I16.0- Hypertensive urgency
 - I16.1- Hypertensive emergency
 - I16.9- Hypertensive crisis, unspecified
- Hypertensive urgency is when the blood pressure is severely elevated with 180 or higher for your systolic pressure or 110 or higher for your diastolic pressure with no associated organ damage.
- Hypertensive emergency is the same as your hypertensive urgency but with organ damage.



ICD-10-CM CHANGES CHAPTER NINE CIRCULATORY SYSTEM (CONT.)

- Hypertensive crisis can present as either emergency or urgency and is when a systolic blood pressure is 180 or higher or a diastolic pressure is 110 or higher, and it has not changed or is now above the previous pressure taken after waiting a couple of minutes.
- Updates also include:
 - Reducing the specificity of nontraumatic subarachnoid hemorrhage and the communicating artery
 - Expansion of cerebral infarction and sequela of stroke codes
 - Addition of codes for aneurysm of precerebral and vertebral arteries
 - Additional code for dissection of unspecified arteries

ICD-10 CHANGES IN CHAPTER 10 DISEASES OF THE RESPIRATORY SYSTEM

- Total changes:
 - 6 new codes
 - 2 revised codes
 - 1 deleted codes
- Added codes for mediastinitis and other diseases of the mediastinum.

ICD-10 CHANGES IN CHAPTER 11 DISEASES OF THE DIGESTIVE SYSTEM

- Total changes:
 - 85 new codes
 - 3 revised codes
 - 17 deleted codes
- Added codes for:
 - Numerous dental conditions
 - Ischemia or acute infarction of the intestines
 - Megacolon types
 - More specific pancreatitis codes

ICD-10 CHANGES IN CHAPTER 12 DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

- Total changes:
 - 6 new codes
 - 3 revised codes
- Updates in the addition of preorbital cellulitis and excessive and redundant skin and subcutaneous tissue

ICD-10 CHANGES IN CHAPTER 13 DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

- Total changes:
 - 155 new codes
 - 2 revised codes
 - 10 deleted codes
- Captures added specificity in laterality and cervical disc level.
- New codes for atypical femoral fractures and periprosthetic fractures.
- Additional classifications for bunions, temporomandibular joint conditions, cervical spine disorders.

ICD-10 CHANGES IN CHAPTER 14 DISEASES OF THE GENITOURINARY SYSTEM

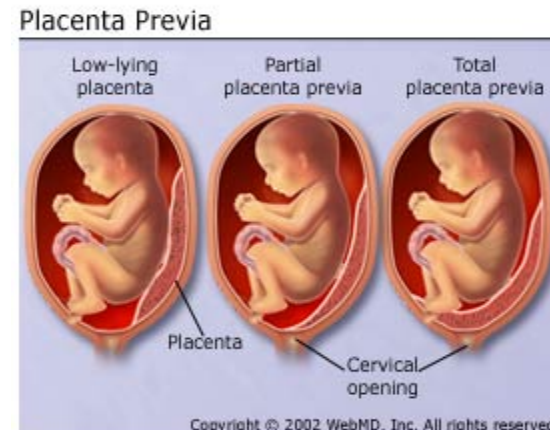
- Total changes:
 - 64 new codes
 - 14 revised codes
 - 15 deleted codes
- Chapter 14 has a few title changes
- Code additions:
 - Specific urinary incontinence conditions
 - Various prostatic dysplasia
 - Testicular and scrotal pain
 - Erectile dysfunction
 - Ovarian cysts
 - Conditions of fallopian tube
 - Complications of the urinary tract including fistulas, hemorrhage, infection, malfunction, etc.

ICD-10 CHANGES CHAPTER 15 PREGNANCY, CHILDBIRTH AND THE PUERPERIUM

- Total changes
 - 69 new codes
 - 8 deleted codes
 - 82 revised codes
- New codes to capture multiple gestational pregnancy with co-existing ectopic and intrauterine pregnancies.
- The new codes are necessary to recognize the increased incidence of ectopic pregnancy occurrence with the use of assisted reproductive technologies.
- Pregnancy changes consist of new codes for:
 - Antepartum- first, second and third trimesters
 - Intrapartum and postpartum periods of a pregnancy
 - Additional terminology of “without intrauterine pregnancy” and “with intrauterine pregnancy” to abdominal pregnancies, tubal pregnancies, ovarian pregnancies, other ectopic pregnancies and unspecified ectopic pregnancies.

ICD-10 CHANGES IN PREGNANCY AND NEWBORN (CONT.)

- New codes for gestational diabetes to indicate if it is controlled by oral hypoglycemic drugs, during pregnancy, childbirth or in the puerperium.
- Code for third degree perineal laceration during delivery has been expanded to include the different degrees of third degree lacerations that may occur.
- New codes for partial placenta previa, low lying placenta to include the trimester, NOS or without hemorrhage, with hemorrhage.



- Codes for pregnancy complications pertaining to pre-existing hypertension, gestational edema, proteinuria and hypertension, pre-eclampsia and HELLP syndrome have had the following wording added to code descriptions:
 - Complicating childbirth
 - Complicating puerperium

ICD-10 CHANGES IN PREGNANCY AND NEWBORN (CONT.)

- Previous Cesarean Section codes have expanded into three codes to allow for coding of different types of c-sections and to also include an unspecified code:
 - Ex. 034.211, Maternal care for low transverse scar from previous cesarean section or 034.212, Maternal care for vertical scar from previous cesarean delivery.
- New category of Z05- codes in observation and evaluation of newborns for suspected conditions ruled out.
- The new Z05 category codes range from cardiac and immunological conditions to connective tissue disorders
- The nonessential modifier of “(suspected to be)” has been removed from the code descriptions of P00.0-P04.9.
- Two new codes for newborn light for gestational age greater than 2500 grams and for newborn light for gestational age other.

ICD-10 CHANGES IN CHAPTER 18, SYMPTONS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS

- Total changes:
 - 79 new codes
 - 8 deleted codes
- There will be 43 new codes in category R29 which reflect the NIHSS (National Institutes of Health Stroke Scale) scores of 0-42.
- The last 2 digits of the new codes will be aligned with the NIHSS score.

Score	Stroke severity
0	No stroke symptoms
1-4	Minor stroke
5-15	Moderate stroke
16-20	Moderate to severe stroke
21-42	Severe stroke

- Scoring stroke patients is voluntary and is done mostly by hospitals that are participating in special initiatives programs.
- On January 15, 2016 the Joint Commission mandated the use of NIHSS to assess patients for hospitals in order to qualify for the Disease-Specific Care Comprehensive Stroke Center (CSC) advanced certification.

ICD-10 CHANGES IN CHAPTER 18, SYMPTONS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS (CONT.)

- Stroke scale is based on a 15 point exam that measures neurological status and stroke severity by measuring things like level consciousness, facial palsy, best gaze, motor skills, limb ataxia, language and visual
- Comas will also see a few more codes/changes with the majority of them being Glasgow scale score of 3-8, 9-12 and 13-18.
- Codes will now require a seventh digit to describe where the patient was assessed (in the field (EMT or Ambulance) at arrival to the emergency department, at hospital admission, or 24 hours or more after hospital).

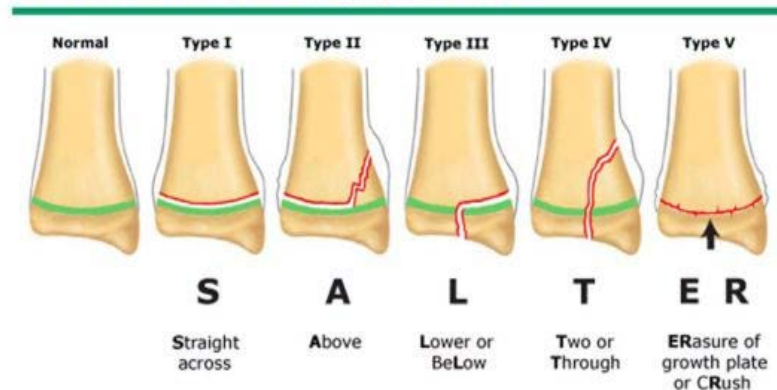
Table 1: THE GLASGOW COMA SCALE AND SCORE

Feature	Scale Responses	Score Notation
Eye opening	Spontaneous	4
	To speech	3
	To pain	2
	None	1
Verbal response	Orientated	5
	Confused conversation	4
	Words (inappropriate)	3
	Sounds (incomprehensible)	2
	None	1
Best motor response	Obey commands	6
	Localise pain	5
	Flexion – Normal	4
	– Abnormal	3
	Extend	2
	None	1
TOTAL COMA 'SCORE'		3/15 – 15/15

ICD-10 CHANGES IN CHAPTER 19 INJURY AND POISONING AND OTHER CONSEQUENCES OF EXTERNAL CAUSES

- Total changes:
 - 885 new codes
 - 237 revised codes
 - 123 deleted codes
- Majority of changes in fractures occur with Salter-Harris types.
- Other changes/revisions are to clarify the intent of the code such as changing “of” to “due to.”
 - Example: T82827S Fibrosis of cardiac prosthetic devices, implants and grafts, sequela changed to T82827S Fibrosis due to cardiac prosthetic devices, implants and grafts, sequela.
- Chapter 19 also has the most revisions of any of the chapters, some are simply grammatical, for example;
 - Salter Harris type fracture was changed to Salter-Harris

Salter-Harris classification of physal fractures



ICD-10 CHANGES IN CHAPTER 19 INJURY AND POISONING AND OTHER CONSEQUENCES OF EXTERNAL CAUSES (CONT.)

- Other changes in chapter 19 include new formatting of codes in which many new codes have alpha characters in the sixth and seventh positions.
- Title revisions to complications involving prosthetic devices.
- New cardiac stent codes.
- The unspecified fracture of the skull codes have been deleted and replaced with new codes that:
 - Specify the type of fracture
 - Laterality
 - Episode of care
 - Open versus closed.



10,860
(8,464)

19,242
18,313
1,112
75
1
39,428

3
44
37
164

21,280
21,280
9,684

2006 2005
5000

6% 5% 3% 8% 5% 10% 14%

ICD-10-CM GUIDELINE CHANGES

ICD-10-CM CONVENTIONS GUIDELINES

- The new addition to “Excludes Notes” is to Excludes1 with an exception to the definition:
 - An exception to the Excludes1 definition is the circumstances when the two conditions are unrelated to each other.
 - Example would be code F45.8, Other somatoform disorders, has an Excludes1 note for “sleep related teeth grinding (G47.63), because teeth grinding is an inclusion term under the code F45.8. In this case only one of these two codes should be assigned for teeth grinding. However psychogenic dysmenorrhea is an inclusion term under F45.8 but a patient could have both this condition and sleep related teeth grinding. You would code this as two separate codes due to the two conditions are unrelated to each other.
- Etiology/manifestation convention which includes your “code first”, “use additional code” and “in diseases classified elsewhere” has additional wording of “if applicable” when an underlying condition needs to be sequenced first.

ICD-10-CM CONVENTIONS GUIDELINES (CONT.)

- The word “with” has more clarification added to the guidelines:
 - The classification presumes a causal relationship between the two conditions that are linked by these terms listed in the Alphabetic Index or the Tabular List. Those conditions should be coded as related even in the absence of the provider documentation linking them. Only code separately if the documentation clearly states the conditions are unrelated. Provider documentation must link conditions for those not specifically linked by the terms in the classification.
- A new convention has been added titled “Code assignment and Clinical Criteria.”
 - The assignment of a diagnosis code is based on the providers diagnostic statement that the condition exists.
 - The providers statement that the patient has a particular condition is sufficient.
 - Code assignment is not based on clinical criteria used by the provider to establish the diagnosis.

ICD-10-CM GENERAL CODING GUIDELINES

- Clarification has been added under the Laterality guideline to state:
 - When a patient has a bilateral condition and each side is treated during separate encounters you will assign the “bilateral” code including for the encounter to treat the first side.
 - For the second encounter for treatment after one side has previously been treated and the condition no longer exists on that side you will assign the appropriate unilateral code for that side where the condition still exists.
 - You will not assign the bilateral code for a subsequent encounter, as the patient no longer has the condition in the previously treated site.
 - If the treatment on the first side did not completely resolve then the bilateral code would still be appropriate,
- Documenting complications of care guideline has added in the verbiage “**unless it is otherwise instructed by the classification**” you would code based on the providers documentation of the relationship between the condition and the care or procedure.

ICD-10-CM GENERAL CODING GUIDELINES (CONT.)

- Zika virus has not only a new ICD-10-CM code but also has a new coding guideline.
 - The code for Zika is A92.5 and should only be used when you have a confirmed case as documented by the provider.
 - This is an exception to the hospital inpatient guideline Section II, H.
 - The context “confirmation” does not require documentation of the type of test performed; the physicians diagnostic statement that the condition is confirmed is sufficient.
 - This code should be used regardless of the mode of transmission.
 - Do not assign A92.5 if documentation states, “suspected”, “possible” or “probable” instead assign a code for the reason of the encounter or a Z20.828, Contact with an (suspected) exposure to other viral communicable diseases, code.
- Under diabetes we now have a code for long term use of an oral hypoglycemic drug.
 - Do not use code Z79.84, Long term (current) use of oral hypoglycemic drugs, or Z79.4, Long term (current) use of insulin if patient is temporarily on them.
 - Codes Z79.4 and Z79.84 should also be used when a patient has secondary diabetes and is on long term insulin or long term hypoglycemic meds.

ICD-10-CM GENERAL CODING GUIDELINES (CONT.)

- There has been additional clarification when presuming a causal relationship between hypertension and heart involvement and kidney involvement.
 - The classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement, as the two conditions are linked by the term “with” in the Alphabetic Index.
 - These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated.
 - For hypertension and conditions not specifically linked by relational terms such as “with,” “associated with” or “due to” in the classification, provider documentation must link the conditions in order to code them as related.
- New code category of I16, Hypertensive crisis has been added under hypertension.
 - Assign a code from category I16, Hypertensive crisis, for documented hypertensive urgency, hypertensive emergency or unspecified hypertensive crisis. Code also any identified hypertensive disease (I10-I15). The sequencing is based on the reason for the encounter.

ICD-10-CM GENERAL CODING GUIDELINES (CONT.)

- A change in guidance on encounters occurring during the four week old MI and using codes from category I21.
 - Old guidance was towards when a patient required continued care for the MI codes from I21 may still be reported.
 - New guidance is now when MI meets the definition for “other diagnoses” than codes from category I21 may still be reported.
 - See Section III, Reporting Additional Diagnoses for more clarification.
- Added guidance on pressure ulcers as healed or healing for “POA”
 - Ulcers that were present at the time of admission but have since healed at the time of discharge you would assign the code for the site and stage at the time of admission.
- Patients admitted with a pressure ulcer that then evolves into another stage during admission:
 - Old guidance was to assign the higher stage.
 - New guidance states that two separate codes should be assigned, one code for the site and stage of the ulcer on admission and a second code for the same ulcer site and the highest reported during the stay

ICD-10-CM GENERAL CODING GUIDELINES (CONT.)

- Guideline for “Prenatal outpatient visits for high-risk patients” has been replaced with the title of “Supervision of High-Risk Pregnancy” and also has added guidance.
 - Codes from category O09, Supervision of high-risk pregnancy, are intended for use only during the prenatal period.
 - For any complications that occur during the labor or delivery period as a result of the high-risk pregnancy, assign the appropriate complication codes from Chapter 15.
 - If there were no complications during the labor or delivery episode, assign code O80, Encounter for full-term uncomplicated delivery.
- Additional and new guidance on code selection for when a delivery occurs.
 - When an obstetric patient is admitted and delivers during admission, the condition that prompted the admission should be sequenced as the principal diagnosis.
 - If there were multiple conditions that prompted admission, sequence the one most related to the delivery as the principle diagnosis.
 - Any codes for any complication of the delivery should be assigned as an additional diagnosis.

ICD-10-CM GENERAL CODING GUIDELINES (CONT.)

- New guidelines for “Observation and Evaluation of Newborns for Suspected Conditions not found.”
 - Assigning code from category Z05, Observation and evaluation of newborns and infants for suspected conditions ruled out, to identify those instances when a healthy newborn is evaluated for a suspected condition that is determined after study not to be present.
 - Do not use a code from category Z05 when the patient has identified signs or symptoms of a suspected problem; in such cases code the sign or symptom.
 - A code from category Z05 may also be assigned as a principal or first-listed code for readmissions or encounters when the code from category Z38 code no longer applies.
 - Codes from category Z05 are for use only for healthy newborns and infants for which no condition after study is found to be present.
- Z05 on a birth record
 - A code from category Z05 is to be used as a secondary code after the code from category Z38, Liveborn infants according to place of birth and type of delivery.

ICD-10-CM GENERAL CODING GUIDELINES (CONT.)

- Coma scale with the new guidelines it may also be used to assess the status of the central nervous system for other non-trauma conditions, such as monitoring patients in the intensive care unit regardless of the medical condition.
- New guideline under Chapter 18 for NIHSS Stroke Scale.
 - The NIH stroke scale (NIHSS) codes (R29.7- -) can be used in conjunction with acute stroke codes (I63) to identify the patient's neurological status and the severity of the stroke.
 - The stroke scale codes should be sequenced after the acute stroke diagnosis code(s).
 - At a minimum, report the initial score documented.
 - If desired, a facility may choose to capture multiple stroke scale scores.
 - See Section I.B.14. for information concerning the medical record documentation that may be used for assignment of the NIHSS codes.

ICD-10-CM GENERAL CODING GUIDELINES (CONT.)

- Open fractures and Gustillo fractures
 - The open fracture designations in the assignment of the 7th character for fractures of the forearm, femur and lower leg, including ankle are based on the Gustilo open fracture classification.
 - When the Gustilo classification type is not specified for an open fracture, the 7th character for open fracture type I or II should be assigned (B, E, H, M, Q).
- Intent of poisoning
 - If the intent of the poisoning is unknown or unspecified, code the intent as accidental intent.
 - The undetermined intent is only for use if the documentation in the record specifies that the intent cannot be determined.

ICD-10-CM GENERAL CODING GUIDELINES (CONT.)

- There are now three observation Z code categories:
 - Z03, Encounter for medical observation for suspected diseases and conditions ruled out.
 - Z04, Encounter for examination and observation for other reasons, except Z04.9, encounter for examination and observation for unspecified reason.
 - New Z05, Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out
- The observation codes are to be used as principal diagnosis only with exceptions:
 - The only exception to this is when the principal diagnosis is required to be a code from category Z38, Liveborn infants according to place of birth and type of delivery.
 - Then a code from category Z05, Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out, is sequenced after the Z38 code.
- Aftercare code Z51 now includes Encounter for other aftercare and medical care.

ICD-10-CM GENERAL CODING GUIDELINES (CONT.)

- Category Z3A codes should not be assigned for pregnancies with:
 - abortive outcomes (categories O00-O08)
 - elective termination of pregnancy (code Z33.32)
 - postpartum conditions
- Z3A category codes are not applicable to these conditions.
- Miscellaneous Z code/categories has one new code and new guidance:
 - Z29, Encounter for other prophylactic measures.
 - New guidance for Z72, Problems related to lifestyle
 - These codes should be assigned only when the documentation specifies that the patient has an associated problem

ICD-10-CM GENERAL CODING GUIDELINES (CONT.)

- Section IV. Diagnostic Coding and Reporting Guidelines for Outpatient Services added guidance:
 - The guidelines in section I, Conventions, general coding guidelines and chapter-specific guidelines should also be applied for outpatient services and office visits.
 - Encounters for general medical examinations with abnormal findings refers to a condition/diagnosis that is newly identified or a change in severity of a chronic condition (such as uncontrolled hypertension, or an acute exacerbation of chronic obstructive pulmonary disease) during a routine physical examination.

CONTACTS

If you have any questions or concerns about the information presented here or would like to schedule an onsite presentation for you and your staff, Please contact Mary Ellen Reardon or Shannon Chase and we will be glad to assist you.

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THANK YOU