Stony Brook Medicine

October 2020 Annual ICD-10 Update Part 1: ICD-10-CM

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Total 2020 Codes	2021 Deletions	2021Additions	Total 2021 Codes	Code Description Revisions for 2021
72,198	58	490	72,616	47

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Code Changes

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IMMUNODEFICIENCIES

- Sub-Category D84.8 Other Immunodeficiencies was expanded
  - *D84.81 Immunodeficiency due to conditions classified elsewhere (Manifestation Code- cannot be PDX)*
  - D84.821 Immunodeficiency due to drugs
  - D84.822 Immunodeficiency due to external causes
  - D84.89 Other immunodeficiencies

CC Status

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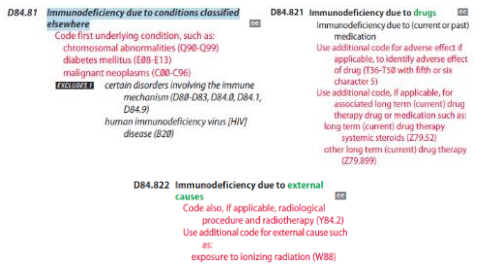
IMMUNODEFICIENCIES CONT'D



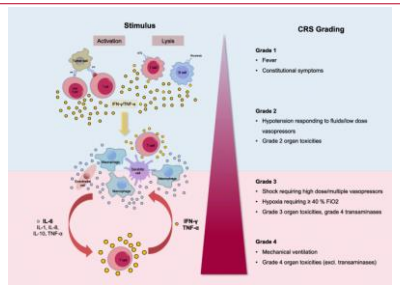
ICD-10-CM Professional Codebok for Hospitals 2021 pg. 516

Stony Brook Medicine CYTOKINE RELEASE SYNDROME

- New Codes under Sub-Category D89.8 Other Specified Disorders Involving the Immune Mechanism NEC have been created for Cytokine Release Syndrome
  - D89.831 Cytokine release syndrome, grade 1
  - D89.832 Cytokine release syndrome, grade 2
  - D89.833 Cytokine release syndrome, grade 3 **CC**
  - D89.834 Cytokine release syndrome, grade 4 **CC**
  - D89.835 Cytokine release syndrome, grade 5 **CC**
  - D89.839 Cytokine release syndrome, grade unspecified

*These codes are unacceptable as PDX on inpatient encounters

Stony Brook Medicine CYTOKINE RELEASE SYNDROME



https://jitc.biomedcentral.com/articles/10.1186/s40425-018-0343-9

Stony Brook Medicine SUBSTANCE USE & ABUSE WITH WITHDRAWAL

- In code block F10-F19 Mental and Behavioral Disorders due to Psychoactive Substance Use, new codes were added for selected substance use and abuse with withdrawal.
- Substances for abuse with withdrawal added were: Alcohol, Opioids, Cannabis, Sedatives/Hypnotics, Cocaine, Stimulants, and Other Psychoactive Substances.
- Substances for use with withdrawal that are new are: Alcohol and Cocaine
- All new codes are CCs except for Cannabis use with withdrawal F12.13

Stony Brook Medicine SUBSTANCE USE & ABUSE WITH WITHDRAWAL

Code	Description
F10130	Alcohol abuse with withdrawal, uncomplicated
F10131	Alcohol abuse with withdrawal delirium
F10132	Alcohol abuse with withdrawal with perceptual disturbance
F10139	Alcohol abuse with withdrawal, unspecified
F10930	Alcohol use, unspecified with withdrawal, uncomplicated
F10931	Alcohol use, unspecified with withdrawal delirium
F10932	Alcohol use, unspecified with withdrawal with perceptual disturbance
F10939	Alcohol use, unspecified with withdrawal, unspecified
F1113	Opioid abuse with withdrawal
F1213	Cannabis abuse with withdrawal
F13130	Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated
F13131	Sedative, hypnotic or anxiolytic abuse with withdrawal delirium
F13132	Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance
F13139	Sedative, hypnotic or anxiolytic abuse with withdrawal, unspecified
F1413	Cocaine abuse, unspecified with withdrawal
F1493	Cocaine use, unspecified with withdrawal
F1513	Other stimulant abuse with withdrawal
F19130	Other psychoactive substance abuse with withdrawal, uncomplicated
F19131	Other psychoactive substance abuse with withdrawal delirium
F19132	Other psychoactive substance abuse with withdrawal with perceptual disturbance
F19139	Other psychoactive substance abuse with withdrawal, unspecified

Stony Brook Medicine SUBSTANCE USE & ABUSE WITH WITHDRAWAL

- Clinically, it was originally thought that a withdrawal syndrome only developed in individuals with a diagnosis of substance dependence; however, substance withdrawal can occur in clinical situations involving individuals who use substances regularly and then suddenly stop using them, but who do not have a diagnosis of substance dependence.
- Such situations include:
  1. Individuals taking prescribed medication daily exactly as directed who are physiologically addicted to the substance but who do not have the behavioral elements required for a diagnosis of substance dependence
  2. Individuals who abuse substances regularly (which qualifies for a diagnosis of substance abuse) but lack the loss of control required for a diagnosis of substance dependence.

ICD-10-CM Coordination & Maintenance Committee March 2019 pg. 57

Stony Brook Medicine INTRACRANIAL HYPOTENSION

- New codes for Intracranial Hypotension have been added
  - G96.810 Intracranial hypotension, unspecified
  - G96.811 Intracranial hypotension, spontaneous
  - G96.819 Other intracranial hypotension
  - G97.83 Intracranial hypotension following lumbar cerebrospinal fluid shunting **CC**
  - G97.84 Intracranial hypotension following other procedure **CC**

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CEREBROSPINAL FLUID LEAK

- Sub-Category G96.0 CSF Leak has been expanded.
  - G96.00 Cerebrospinal fluid leak, unspecified
  - G96.01 Cranial cerebrospinal fluid leak, spontaneous
  - G96.02 Spinal cerebrospinal fluid leak, spontaneous
  - G96.08 Other cranial cerebrospinal fluid leak
  - G96.09 Other spinal cerebrospinal fluid leak

CC Status

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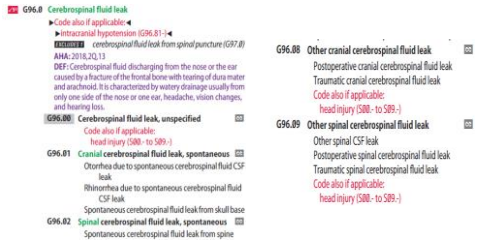
CEREBROSPINAL FLUID LEAK



G96.0 Cerebrospinal fluid leak
▶Code also if applicable:◀
▶Intracranial hypotension (G96.81-)◀
Excludes1 cerebrospinal fluid leak from spinal puncture (G97.0)
AHA: 2018,2Q,13
DEF: Cerebrospinal fluid discharging from the nose or the ear caused by a fracture of the frontal bone with tearing of dura mater and arachnoid. It is characterized by watery drainage usually from only one side of the nose or one ear, headache, vision changes, and hearing loss.
G96.00 Cerebrospinal fluid leak, unspecified
Code also if applicable:
head injury (S00.- to S09.-)
G96.01 Cranial cerebrospinal fluid leak, spontaneous
Otorrhea due to spontaneous cerebrospinal fluid CSF leak
Rhinorrhea due to spontaneous cerebrospinal fluid CSF leak
Spontaneous cerebrospinal fluid leak from skull base
G96.02 Spinal cerebrospinal fluid leak, spontaneous
Spontaneous cerebrospinal fluid leak from spine
G96.08 Other cranial cerebrospinal fluid leak
Postoperative cranial cerebrospinal fluid leak
Traumatic cranial cerebrospinal fluid leak
Code also if applicable:
head injury (S00.- to S09.-)
G96.09 Other spinal cerebrospinal fluid leak
Other spinal CSF leak
Postoperative spinal cerebrospinal fluid leak
Traumatic spinal cerebrospinal fluid leak
Code also if applicable:
head injury (S00.- to S09.-)

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ESOPHAGITIS

- New Combination Codes for Esophagitis with and without Bleeding have been created
  - K20.80 Other esophagitis without bleeding
  - K20.81 Other esophagitis with bleeding **MCC**
  - K20.90 Esophagitis, unspecified without bleeding
  - K20.91 Esophagitis, unspecified with bleeding **MCC**
  - K21.00 Gastro-esophageal reflux disease with esophagitis, without bleeding
  - K21.01 Gastro-esophageal reflux disease with esophagitis, with bleeding **MCC**

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STAGE 3 CHRONIC KIDNEY DISEASE

- Sub-Category N18.3 CKD Stage 3 has been expanded
  - N18.30 Chronic kidney disease, stage 3 unspecified
  - N18.31 Chronic kidney disease, stage 3a
  - N18.32 Chronic kidney disease, stage 3b

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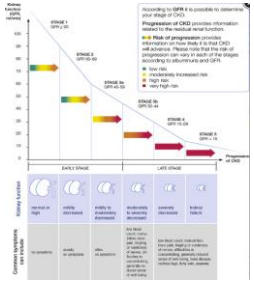
STAGE 3 CHRONIC KIDNEY DISEASE



https://www.nephrocare.com/patients-home/kidney-kidney-disease/my-disease-stage.html

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C-SECTION SCARS

- Sub-Category O34.2 Maternal Care due to Uterine Scar from Previous Surgery has been expanded
  - O34.218 Maternal care for other type scar from previous cesarean delivery
    - The American Hospital Association's (AHA) Editorial Advisory Board (EAB) for coding clinic has received inquiries on how to code a mid-transverse T incision.
  - O34.22 Maternal care for cesarean scar defect (isthmocele)

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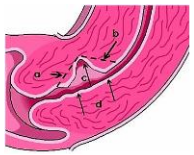
C-SECTION SCARS

- An isthmocele is the result of incomplete healing of the isthmic myometrium after a low transverse uterine incision performed for cesarean section.
- Although mostly asymptomatic, isthmoceles may cause menstrual abnormalities (typically postmenstrual spotting), chronic pelvic pain, and secondary infertility. Scar tissue dehiscence, scar pregnancy, and abnormally adherent placenta are some of the obstetric complications associated with this defect.



https://www.google.com/url?sa=i&url=https%3A%2F%2Fmedcraveonline.com%2FOGIJ%2Fsmall-size-resectoscope-in-isthmocele-repair-case-report.html&psig=AOvVaw24T40MS8KkD-Y0MWpsMwN0&ust=1601404529110000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCKDGjve-jOwCFQAAAAAdAAAAABA2

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OTHER SPECIFIED DISEASES IN PREGNANCY

- Sub-Category O99.89 Other Specified Diseases complicating pregnancy, childbirth, and the puerperium has been expanded
  - O99.891 Other specified diseases and conditions complicating pregnancy
  - O99.892 Other specified diseases and conditions complicating childbirth
  - O99.893 Other specified diseases and conditions complicating puerperium

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NEONATAL CEREBRAL INFARCTION

- Sub-Category P91.8 Other Specified Disturbances of Cerebral Status of Newborn has been expanded
  - P91.821 Neonatal cerebral infarction, right side of brain
  - P91.822 Neonatal cerebral infarction, left side of brain
  - P91.823 Neonatal cerebral infarction, bilateral
  - P91.829 Neonatal cerebral infarction, unspecified side

MCC Status

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ELEVATED LIVER ENZYMES

- Sub-Category R74.0 Nonspecific Elevation of Levels of Transaminase and Lactic Acid Dehydrogenase (LDH) has been expanded
  - R74.01 Elevation of levels of liver transaminase levels
  - R74.02 Elevation of levels of lactic acid dehydrogenase [LDH]

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SUPERFICIAL INJURY OF THORAX

- Category S20, Superficial injury of thorax, expanded and codes created to identify the middle and bilateral walls of the front thorax
  - Contusion (S20.2-)
  - Unspecified superficial injury (S20.30-)
  - Abrasion (S20.31-)
  - Blister (S20.32-)
  - External constriction (S20.34-)
  - Superficial foreign body (S20.35-)
  - Insect bite (S20.36-)
  - Other superficial bite (S20.37-)
- Results in 54 new codes

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SUPERFICIAL INJURY OF THORAX

- The anterior thorax is one of the most common locations of traumatic injury. Blunt, high energy injuries as seen with vehicle collisions are responsible for upward of 25% of trauma related deaths.
- Unlike penetrating thorax trauma which may be to one (or both sides) of the anterior or posterior thorax, blunt trauma is usually to the mid-chest region.
- Anatomically, the sternum and the underlying heart are in the center of the chest as opposed to one side or the other.

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SYNTHETIC NARCOTICS

- Category T40 Poisoning by, Adverse Effect of, and Underdosing of Narcotics and Pscyhodysleptics (Hallucinogens) has been further expanded
  - T40.41- Poisoning by, adverse effect of and underdosing of **fentanyl** or fentanyl analogs
  - T40.42- Poisoning by, adverse effect of and underdosing of **tramadol**
  - T40.49- Poisoning by, adverse effect of and underdosing of **other synthetic narcotics**

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SYNTHETIC NARCOTICS

- As public health researchers and practitioners strive to reduce opioid-related mortality and morbidity, surveillance data on synthetic opioid-specific codes, differentiating fentanyl or fentanyl analogs from tramadol, is critical because they require different preventive responses.

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ELECTRIC SCOOTER AND OTHER MICRO-MOBILITY DEVICES

- External cause of morbidity and mortality codes for Pedestrian Injured In Transport Accident (categories V00-V06)
  - Standing electric scooters (e-scooters) and other ultralight standing micro-mobility devices
  - Results in 123 new diagnosis codes when including the 7th characters for initial encounter, subsequent encounter and sequelae.

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ELECTRIC SCOOTER AND OTHER MICRO-MOBILITY DEVICES

- Compared to motorcycle riders, e-scooter riders stand rather than sit, travel at lower speeds (15-20 MPH versus >30 MPH), and may operate their vehicles in a variety of spaces (sidewalks, bike lanes, streets versus in-street only).
- Additionally, at under 50 pounds, e-scooters are considered “ultralight” roadway devices and are not regulated as motorcycles by most transportation departments.

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ELECTRIC SCOOTER AND OTHER MICRO-MOBILITY DEVICES

YES

NO

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Z CODE UPDATE

- Sub-Category Z03.82- Encounter for Observation for Suspected Foreign Body Ruled Out has been added
  - Z03.821 Encounter for observation for suspected ingested foreign body ruled out
  - Z03.822 Encounter for observation for suspected aspirated (inhaled) foreign body ruled out
  - Z03.823 Encounter for observation for suspected inserted (injected) foreign body ruled out

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CORNEAL TRANSPLANT COMPLICATIONS

- Codes in subcategory T86.84, Complications of corneal transplant, have been expanded to identify laterality (right eye, left eye, bilateral and unspecified eye)
  - Results in 20 new codes.

CC Status

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SICKLE CELL DISORDERS

- Under Category D57 Sickle Cell Disorders
  - New codes have been added for cerebral vascular involvement and for other specified complications
  - New codes have been added to further specify the Sickle Cell Thalassemia as:
    - Thalassemia beta zero (D57.42-D57.43-) MCC for those "with Crisis"
    - Thalassemia beta plus (D57.44-D57.45-) MCC for those "with Crisis"

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SICKLE CELL DISORDERS

- There are two distinct types of sickle cell-thalassemia, sickle cell-thalassemia beta zero (HbS-β0) and sickle cell-thalassemia beta plus (HbS-β+). They are clinically very different.
- HbS-β0 is clinically similar to sickle cell-SS disease in terms of degree of frequency and severity of acute and chronic complications. The risk of stroke is similar. They both may be managed long term with medications such as hydroxyurea.
- On the other hand, HbS-β+ is significantly less severe with little or no anemia. The spectrum and severity of complications is less. It also carries a relative lower risk of stroke. Only a relatively few patients with this condition will require treatment with hydroxyurea.

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Stony Brook Medicine ACQUIRED AUTOIMMUNE HEMOLYTIC ANEMIAS

- Sub-Category D59.1 was expanded to specify the type of autoimmune hemolytic anemia:
  - D59.10 Autoimmune hemolytic anemia, unspecified
  - D59.11 Warm autoimmune hemolytic anemia
  - D59.12 Cold autoimmune hemolytic anemia
  - D59.13 Mixed autoimmune hemolytic anemia
  - D59.19 Other autoimmune hemolytic anemia

CC Status

Stony Brook Medicine ACQUIRED AUTOIMMUNE HEMOLYTIC ANEMIAS

- Patients with AIHA experience symptoms specific to the type and degree of AIHA, that can include fatigue, jaundice, pallor, tachycardia, acrocyanosis, Raynaud's phenomenon (only cold type), dark urine, and splenomegaly.
- In addition, patients with AIHA also have an increased rate of thromboembolic events including pulmonary embolism, cerebral infarction, and myocardial infarction.
- The warm-type and cold-type AIHAs have significant differences in treatment.
  - Warm antibody disease is usually treated using steroids; however, these are less effective or ineffective for patients with cold-type disease.

Stony Brook Medicine PATHOLOGICAL FRACTURE DUE TO OSTEOPOROSIS

- M80.0A Age-related osteoporosis with current pathological fracture, other site
- M80.8A Other osteoporosis with current pathological fracture, other site

CC Status

Stony Brook Medicine

GRANULOMATOUS MASTITIS

- Category N61 Inflammatory Disorders of Breast has been further expanded
  - N61.20 Granulomatous mastitis, unspecified breast
  - N61.21 Granulomatous mastitis, right breast
  - N61.22 Granulomatous mastitis, left breast
  - N61.23 Granulomatous mastitis, bilateral breast

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CC/MCC Changes

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NEW MCC LIST

Code	Description
A84.81	Powassan virus disease
A84.89	Other tick-borne viral encephalitis
D57.03	Hb-SS disease with cerebral vascular involvement
D57.09	Hb-SS disease with crisis with other specified complication
D57.213	Sickle-cell/Hb-C disease with cerebral vascular involvement
D57.218	Sickle-cell/Hb-C disease with crisis with other specified complication
D57.413	Sickle-cell thalassemia, unspecified, with cerebral vascular involvement
D57.418	Sickle-cell thalassemia, unspecified, with crisis with other specified complication
D57.431	Sickle-cell thalassemia beta zero with acute chest syndrome
D57.432	Sickle-cell thalassemia beta zero with splenic sequestration
D57.433	Sickle-cell thalassemia beta zero with cerebral vascular involvement
D57.438	Sickle-cell thalassemia beta zero with crisis with other specified complication
D57.439	Sickle-cell thalassemia beta zero with crisis, unspecified
D57.451	Sickle-cell thalassemia beta plus with acute chest syndrome
D57.452	Sickle-cell thalassemia beta plus with splenic sequestration
D57.453	Sickle-cell thalassemia beta plus with cerebral vascular involvement
D57.458	Sickle-cell thalassemia beta plus with crisis with other specified complication
D57.459	Sickle-cell thalassemia beta plus with crisis, unspecified
D57.813	Other sickle-cell disorders with cerebral vascular involvement
D57.818	Other sickle-cell disorders with crisis with other specified complication

Stony Brook Medicine

NEW MCC LIST

Code	Description
K20.81	Other esophagitis with bleeding
K20.91	Esophagitis, unspecified with bleeding
K21.01	Gastro-esophageal reflux disease with esophagitis, with bleeding
N00.A	Acute nephritic syndrome with C3 glomerulonephritis
N01.A	Rapidly progressive nephritic syndrome with C3 glomerulonephritis
P91.821	Neonatal cerebral infarction, right side of brain
P91.822	Neonatal cerebral infarction, left side of brain
P91.823	Neonatal cerebral infarction, bilateral
P91.829	Neonatal cerebral infarction, unspecified side
U07.1	COVID-19

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DELETIONS TO THE MCC LIST

https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcT3Y7H9ZB1Qy1H1UPRTR4uOhyQlWZjmCwk7p_zRlYvOkPzT-8Z

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NEW CC LIST

Code	Description
B60.00	Babesiosis, unspecified
B60.01	Babesiosis due to Babesia microti
B60.02	Babesiosis due to Babesia duncani
B60.03	Babesiosis due to Babesia divergens
B60.09	Other babesiosis
D59.10	Autoimmune hemolytic anemia, unspecified
D59.11	Warm autoimmune hemolytic anemia
D59.12	Cold autoimmune hemolytic anemia
D59.13	Mixed type autoimmune hemolytic anemia
D59.19	Other autoimmune hemolytic anemia
D84.81	Immunodeficiency due to conditions classified elsewhere
D84.821	Immunodeficiency due to drugs
D84.822	Immunodeficiency due to external causes
D84.89	Other immunodeficiencies
D89.833	Cytokine release syndrome, grade 3
D89.834	Cytokine release syndrome, grade 4
D89.835	Cytokine release syndrome, grade 5

Stony Brook Medicine NEW CC LIST

Code	Description
E70.81	Aromatic L-amino acid decarboxylase deficiency
E70.89	Other disorders of aromatic amino-acid metabolism
E74.810	Glucose transporter protein type 1 deficiency
E74.818	Other disorders of glucose transport
E74.819	Disorders of glucose transport, unspecified
E74.89	Other specified disorders of carbohydrate metabolism
F10.130	Alcohol abuse with withdrawal, uncomplicated
F10.131	Alcohol abuse with withdrawal delirium
F10.132	Alcohol abuse with withdrawal with perceptual disturbance
F10.139	Alcohol abuse with withdrawal, unspecified
F10.930	Alcohol use, unspecified with withdrawal, uncomplicated
F10.931	Alcohol use, unspecified with withdrawal delirium
F10.932	Alcohol use, unspecified with withdrawal with perceptual disturbance
F10.939	Alcohol use, unspecified with withdrawal, unspecified
F11.13	Opioid abuse with withdrawal

Stony Brook Medicine NEW CC LIST

Code	Description
F13.130	Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated
F13.131	Sedative, hypnotic or anxiolytic abuse with withdrawal delirium
F13.132	Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance
F13.139	Sedative, hypnotic or anxiolytic abuse with withdrawal, unspecified
F14.13	Cocaine abuse, unspecified with withdrawal
F14.93	Cocaine use, unspecified with withdrawal
F15.13	Other stimulant abuse with withdrawal
F19.130	Other psychoactive substance abuse with withdrawal, uncomplicated
F19.131	Other psychoactive substance abuse with withdrawal delirium
F19.132	Other psychoactive substance abuse with withdrawal with perceptual disturbance
F19.139	Other psychoactive substance abuse with withdrawal, unspecified
G11.10	Early-onset cerebellar ataxia, unspecified
G11.11	Friedreich ataxia
G11.19	Other early-onset cerebellar ataxia
G40.833	Dravet syndrome, intractable, with status epilepticus
G40.834	Dravet syndrome, intractable, without status epilepticus

Stony Brook Medicine NEW CC LIST

Code	Description
G71.20	Congenital myopathy, unspecifed
G71.21	Nemaline myopathy
G71.220	X-linked myotubular myopathy
G71.228	Other centronuclear myopathy
G71.29	Other congenital myopathy
G96.00	Cerebrospinal fluid leak, unspecified
G96.01	Cranial cerebrospinal fluid leak, spontaneous
G96.02	Spinal cerebrospinal fluid leak, spontaneous
G96.08	Other cranial cerebrospinal fluid leak
G96.09	Other spinal cerebrospinal fluid leak
G97.83	Intracranial hypotension following lumbar cerebrospinal fluid shunting
G97.84	Intracranial hypotension following other procedure
J82.81	Chronic eosinophilic pneumonia
J82.82	Acute eosinophilic pneumonia
J82.83	Eosinophilic asthma
J82.89	Other pulmonary eosinophilia, not elsewhere classified

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NEW CC LIST

Code	Description
M80.0AXA	Age-related osteoporosis with current pathological fracture, other site, initial encounter for fracture
M80.0AXK	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with nonunion
M80.0AXP	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with malunion
M80.8AXA	Other osteoporosis with current pathological fracture, other site, initial encounter for fracture
M80.8AXK	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with nonunion
M80.8AXP	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with malunion
N02.A	Recurrent and persistent hematuria with C3 glomerulonephritis
N03.A	Chronic nephritic syndrome with C3 glomerulonephritis
N04.A	Nephrotic syndrome with C3 glomerulonephritis
N05.A	Unspecified nephritic syndrome with C3 glomerulonephritis
N06.A	Isolated proteinuria with C3 glomerulonephritis
N07.A	Hereditary nephropathy, not elsewhere classified with C3 glomerulonephritis

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NEW CC LIST

Code	Description
T86.8401	Corneal transplant rejection, right eye
T86.8402	Corneal transplant rejection, left eye
T86.8403	Corneal transplant rejection, bilateral
T86.8409	Corneal transplant rejection, unspecified eye
T86.8411	Corneal transplant failure, right eye
T86.8412	Corneal transplant failure, left eye
T86.8413	Corneal transplant failure, bilateral
T86.8419	Corneal transplant failure, unspecified eye
T86.8421	Corneal transplant infection, right eye
T86.8422	Corneal transplant infection, left eye
T86.8423	Corneal transplant infection, bilateral
T86.8429	Corneal transplant infection, unspecified eye
T86.8481	Other complications of corneal transplant, right eye
T86.8482	Other complications of corneal transplant, left eye
T86.8483	Other complications of corneal transplant, bilateral
T86.8489	Other complications of corneal transplant, unspecified eye
T86.8491	Unspecified complication of corneal transplant, right eye
T86.8492	Unspecified complication of corneal transplant, left eye
T86.8493	Unspecified complication of corneal transplant, bilateral
T86.8499	Unspecified complication of corneal transplant, unspecified eye

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CC DELETION LIST

https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.dictionary.com%2Fe%2Fnone%2F&psig=AOvVaw1HQaBL9JOwgIvXkK1TAwqd5&ust=1600418985206000&source=images&cd=vfe&ved=0CAIQjhxqFwoTCOi33aLtjOwCFQAAAAAdAAAAABAD

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ICD-10-CM Official Coding Guideline Changes

Official Coding Guideline I.B.14

- *Patient self-reported documentation may also be used to assign codes for social determinants of health, as long as the patient self-reported information is signed-off by and incorporated into the health record by either a clinician or provider.*

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(a) Code Only Confirmed Cases

Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider or documentation of a positive COVID19 test result. For a confirmed diagnosis, assign code U07.1, COVID-19.

This is an exception to the hospital inpatient guideline Section II, H.

In this context, "confirmation" does not require documentation of a positive test result for COVID-19; the provider's documentation that the individual has COVID-19 is sufficient.

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(a) Code Only Confirmed Cases

If the provider documents "suspected," "possible," "probable," or "inconclusive" COVID-19, do not assign code U07.1. Instead, code the signs and symptoms reported. See guideline I.C.1.g.1.g.

Stony Brook Medicine CORONAVIRUS INFECTIONS

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(b) Sequencing of Codes

When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, **except when another guideline requires that certain codes be sequenced first, such as obstetrics, sepsis, or transplant complications.**

Stony Brook Medicine CORONAVIRUS INFECTIONS

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(b) Sequencing of Codes

- For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock
- See Section I.C.15.s. for COVID-19 infection in pregnancy, childbirth, and the puerperium
- See Section I.C.16.h. for COVID-19 infection in newborn For a COVID-19 infection in a lung transplant patient
- See Section I.C.19.g.3.a. Transplant complications other than kidney.

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(c) Acute Respiratory Manifestations of COVID-19

- When the reason for the encounter/admission is a respiratory manifestation of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the respiratory manifestation(s) as additional diagnoses.
- The following conditions are examples of common respiratory manifestations of COVID-19.

Stony Brook Medicine CORONAVIRUS INFECTIONS

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(c) Acute Respiratory Manifestations of COVID-19

(i) Pneumonia

For a patient with pneumonia confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.89, Other viral pneumonia.

Stony Brook Medicine CORONAVIRUS INFECTIONS

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(c) Acute Respiratory Manifestations of COVID-19

(ii) Acute Bronchitis

- For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8, Acute bronchitis due to other specified organisms.
- Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code U07.1 and J40, Bronchitis, not specified as acute or chronic.

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(c) Acute Respiratory Manifestations of COVID-19

(iii) Lower Respiratory Infection

- If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, codes U07.1 and J22, Unspecified acute lower respiratory infection, should be assigned.
- If the COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned.

Stony Brook Medicine CORONAVIRUS INFECTIONS

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(c) Acute Respiratory Manifestations of COVID-19

(iv) Acute Respiratory Distress Syndrome

For acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, and J80, Acute respiratory distress syndrome.

Stony Brook Medicine CORONAVIRUS INFECTIONS

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(c) Acute Respiratory Manifestations of COVID-19

(v) Acute Respiratory Failure

For acute respiratory failure due to COVID-19, assign code U07.1, and code J96.0-, Acute respiratory failure.

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(d) Non-Respiratory Manifestations of COVID-19

When the reason for the encounter/admission is a non-respiratory manifestation (e.g., viral enteritis) of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the manifestation(s) as additional diagnoses.

Stony Brook Medicine CORONAVIRUS INFECTIONS

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(e) Exposure to COVID-19

- For asymptomatic individuals with actual or suspected exposure to COVID-19, assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.
- For symptomatic individuals with actual or suspected exposure to COVID-19 and the infection has been ruled out, or test results are inconclusive or unknown, assign code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases. See guideline I.C.21.c.1, Contact/Exposure, for additional guidance regarding the use of category Z20 codes.
- If COVID-19 is confirmed, see guideline I.C.1.g.1.a.

Stony Brook Medicine CORONAVIRUS INFECTIONS

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(f) Screening for COVID-19

- During the COVID-19 pandemic, a screening code is generally not appropriate. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19 (guideline I.C.1.g.1.e).
- Coding guidance will be updated as new information concerning any changes in the pandemic status becomes available.

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(g) Signs and Symptoms without Definitive Diagnosis of COVID-19

For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:

- R05 Cough
- R06.02 Shortness of breath
- R50.9 Fever, unspecified

Stony Brook Medicine CORONAVIRUS INFECTIONS

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(g) Signs and Symptoms without Definitive Diagnosis of COVID-19

If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to COVID-19, assign Z20.828, Contact with and (suspected) exposure to other viral communicable diseases, as an additional code.

Stony Brook Medicine CORONAVIRUS INFECTIONS

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(h) Asymptomatic Individuals Who Test Positive for COVID-19

- For asymptomatic individuals who test positive for COVID-19, see guideline I.C.1.g.1.a.
- Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(i) Personal History of COVID-19

For patients with a history of COVID-19, assign code Z86.19, Personal history of other infectious and parasitic diseases.

Stony Brook Medicine CORONAVIRUS INFECTIONS

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(j) Follow-up Visits After COVID-19 Infection Has Resolved

For individuals who previously had COVID-19 and are being seen for follow-up evaluation, and COVID-19 test results are negative, assign codes Z09, Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, and Z86.19, Personal history of other infectious and parasitic diseases.

Stony Brook Medicine CORONAVIRUS INFECTIONS

Official Coding Guidelines I.C.1.g

1) COVID-19 infection (infection due to SARS-CoV-2)

(k) Encounter for Antibody Testing

- For an encounter for antibody testing that is not being performed to confirm a current COVID-19 infection, nor is a follow-up test after resolution of COVID-19, assign Z01.84, Encounter for antibody response examination.
- Follow the applicable guidelines above if the individual is being tested to confirm a current COVID-19 infection.
- For follow-up testing after a COVID-19 infection, see guideline I.C.1.g.1.j.

Official Coding Guidelines I.C.15.s

- During pregnancy, childbirth or the puerperium, when COVID-19 is the reason for admission/encounter , code O98.5-, Other viral diseases complicating pregnancy, childbirth and the puerperium, should be sequenced as the principal/first-listed diagnosis, and code U07.1, COVID-19, and the appropriate codes for associated manifestation(s) should be assigned as additional diagnoses. Codes from Chapter 15 always take sequencing priority.

Stony Brook Medicine
COVID-19 INFECTION IN PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM

Official Coding Guidelines I.C.15.s

- If the reason for admission/encounter is unrelated to COVID-19 but the patient tests positive for COVID-19 during the admission/encounter, the appropriate code for the reason for admission/encounter should be sequenced as the principal/firstlisted diagnosis, and codes O98.5- and U07.1, as well as the appropriate codes for associated COVID-19 manifestations, should be assigned as additional diagnoses.

Official Coding Guidelines I.C.16.h

- For a newborn that tests positive for COVID-19, assign code U07.1, COVID-19, and the appropriate codes for associated manifestation(s) in neonates/newborns in the absence of documentation indicating a specific type of transmission.
- For a newborn that tests positive for COVID-19 and the provider documents the condition was contracted in utero or during the birth process, assign codes P35.8, Other congenital viral diseases, and U07.1, COVID-19.
- When coding the birth episode in a newborn record, the appropriate code from category Z38, Liveborn infants according to place of birth and type of delivery, should be assigned as the principal diagnosis.

Stony Brook Medicine

DIABETES MELLITUS AND THE USE OF INSULIN, ORAL HYPOGLYCEMICS, AND INJECTABLE NON-INSULIN DRUGS

Official Coding Guidelines I.C.4.a.(3) & I.C.4.a.(6).(a)

- If the patient is treated with both insulin and an injectable non-insulin antidiabetic drug, assign codes Z79.4, Long-term (current) use of insulin, and Z79.899, Other long term (current) drug therapy.
- If the patient is treated with both oral hypoglycemic drugs and an injectable non-insulin antidiabetic drug, assign codes Z79.84, Long-term (current) use of oral hypoglycemic drugs, and Z79.899, Other long-term (current) drug therapy.

Stony Brook Medicine

PSYCHOACTIVE SUBSTANCE USE, UNSPECIFIED

Official Coding Guidelines I.C.5.b.(3)

- As with all other unspecified diagnoses, the codes for unspecified psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-, F18.9-, F19.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses).
- These codes are to be used only when the psychoactive substance use is associated with a physical **disorder included in chapter 5 (such as sexual dysfunction and sleep disorder),** or a mental or behavioral disorder, and such a relationship is documented by the provider

Stony Brook Medicine

HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE

Official Coding Guidelines I.C.9.a.(3)

- For patients with both acute renal failure and chronic kidney disease, **the** acute renal failure **should also be coded. Sequence according to the circumstances of the admission/encounter**

Stony Brook Medicine

VAPING-RELATED DISORDERS

Official Coding Guidelines I.C.10.e

- For patients presenting with condition(s) related to vaping, assign code U07.0, Vaping-related disorder, as the principal diagnosis.
- For lung injury due to vaping, assign only code U07.0.
- Assign additional codes for other manifestations, such as acute respiratory failure (subcategory J96.0-) or pneumonitis (code J68.0).
- Associated respiratory signs and symptoms due to vaping, such as cough, shortness of breath, etc., are not coded separately, when a definitive diagnosis has been established.
- However, it would be appropriate to code separately any gastrointestinal symptoms, such as diarrhea and abdominal pain.

Stony Brook Medicine

PUERPERAL SEPSIS

Official Coding Guidelines I.C.15.k

Code O85 should not be assigned for sepsis following an obstetrical procedure (See Section I.C.1.d.5.b., Sepsis due to a postprocedural infection).

Stony Brook Medicine

OBSERVATION

Official Coding Guidelines I.C.21.(c).(6)

- The observation codes are **primarily** to be used as a principal/**first-listed** diagnosis.
- **An observation code may be assigned as a secondary diagnosis code when the patient is being observed for a condition that is ruled out and is unrelated to the principal/first-listed diagnosis (e.g., patient presents for treatment following injuries sustained in a motor vehicle accident and is also observed for suspected COVID-19 infection that is subsequently ruled out).**

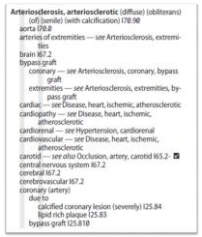
Stony Brook Medicine

Other Index and Tabular Changes

Stony Brook Medicine

ARTERIOSCLEROSIS

FFY2020



Arteriosclerosis, arteriosclerotic (diffuse) (obliterans)
(of) (senile) (with calcification) I70.90
aorta I70.0
arteries of extremities — *see* Arteriosclerosis, extremities
brain I67.2
bypass graft
coronary — *see* Arteriosclerosis, coronary, bypass graft
extremities — *see* Arteriosclerosis, extremities, bypass graft
cardiac — *see* Disease, heart, ischemic, atherosclerotic
cardiopathy — *see* Disease, heart, ischemic, atherosclerotic
cardiorenal — *see* Hypertension, cardiorenal
cardiovascular — *see* Disease, heart, ischemic, atherosclerotic
carotid — *see also* Occlusion, artery, carotid I65.2-
central nervous system I67.2
cerebral I67.2
cerebrovascular I67.2
coronary (artery)
due to
calcified coronary lesion (severely) I25.84
lipid rich plaque I25.83
bypass graft I25.810

FFY 2021

Arteriosclerosis, arteriosclerotic (diffuse) (obliterans)
(of) (senile) (with calcification) I70.90
with
chronic limb-threatening ischemia — *see* Arteriosclerosis, with critical limb ischemia
critical limb ischemia
bypass graft I70.329
autologous vein graft I70.429
leg I70.429
with
gangrene (and intermittent claudication, rest pain, and ulcer) I70.469
rest pain (and intermittent claudication) I70.429
bilateral I70.423
with
gangrene (and intermittent claudication, rest pain, and ulcer) I70.463
rest pain (and intermittent claudication) I70.423
left I70.422
with
gangrene (and intermittent claudication, rest pain, and ulcer) I70.462
rest pain (and intermittent claudication) I70.422
ulceration (and intermittent claudication and rest pain) I70.44
ankle I70.443
calf I70.442
foot site NEC I70.445
heel I70.444
lower leg NEC I70.448

Stony Brook Medicine

FRACTURES

No Change	**Fracture, traumatic (abduction) (adduction) (separation) (see also Fracture, pathological)** T14.8
Add	- buckle - see Fracture, by site, torus
Add	- metaphyseal - see Fracture, traumatic, by site, shaft

Stony Brook Medicine

OTHER INDEX CHANGES

- Calculus of ureteropelvic junction has been added to the index and defaults to N20.1
- Emaciation (due to malnutrition) now indexes to E43 (instead of E41)
- Facet syndrome now defaults to M47.89- (other spondylosis)
- Central line infection now defaults to T80.211-
- Influenzas A, B, & C now have a direct index to J10-

Stony Brook Medicine

APLASTIC ANEMIA & NEUTROPENIA

No Change	**Aplastic and other anemias and other bone marrow failure syndromes (D60-D64)**
No Change	**D61 Other aplastic anemias and other bone marrow failure syndromes**
Delete	**Excludes1:** neutropenia (D70.-)
Add	**Excludes2:** neutropenia (D70.-)

Stony Brook Medicine

IMMUNOCOMPROMISED

No Change	**D84.9 Immunodeficiency, unspecified**
Add	Immunocompromised NOS
Add	Immunodeficient NOS
Add	Immunosuppressed NOS

Stony Brook Medicine VOLUME DEPLETION & HYPOVOLEMIC SHOCK

No Change **E86 Volume depletion**
Delete → **Excludes1:** hypovolemic shock NOS (R57.1)
Add → **Excludes2:** hypovolemic shock NOS (R57.1)

Stony Brook Medicine CARDIAC ARREST & CARDIOGENIC SHOCK

No Change **I46 Cardiac arrest**
Delete → **Excludes1:** cardiogenic shock (R57.0)
Add → **Excludes2:** cardiogenic shock (R57.0)

Stony Brook Medicine KNEE DISORDERS

No Change **M23 Internal derangement of knee**

Delete **Excludes1:** current injury - see injury of knee and lower leg (S80-S89)
Delete recurrent dislocation or subluxation of joints (M24.4)
Delete recurrent dislocation or subluxation of patella (M22.0-M22.1)

Add **Excludes2:** current injury - see injury of knee and lower leg (S80-S89)
Add recurrent dislocation or subluxation of joints (M24.4)
Add recurrent dislocation or subluxation of patella (M22.0-M22.1)

No Change **S83 Dislocation and sprain of joints and ligaments of knee**

Delete **Excludes1:** derangement of patella (M22.0-M22.3)
Delete injury of patellar ligament (tendon) (S76.1-)
Delete internal derangement of knee (M23.-)
Delete old dislocation of knee (M24.36)
Delete pathological dislocation of knee (M24.36)
Delete recurrent dislocation of knee (M22.0)

Add **Excludes2:** derangement of patella (M22.0-M22.3)
Add injury of patellar ligament (tendon) (S76.1-)
Add internal derangement of knee (M23.-)
Add old dislocation of knee (M24.36)
Add pathological dislocation of knee (M24.36)
Add recurrent dislocation of knee (M22.0)

Stony Brook Medicine

TRAUMATIC CEREBRAL EDEMA

No Change	**S06.3 Focal traumatic brain injury**	
Delete		**Excludes1:** focal cerebral edema (S06.1)
Add		**Excludes2:** focal cerebral edema (S06.1)

Stony Brook Medicine

On Your Own

https://www.timeshighereducation.com/sites/default/files/styles/the_breaking_news_image_style/public/istock-521611936.jpg?itok=yWaoXHYc

Stony Brook Medicine

EOSINOPHIL DISEASES

- Sub-Category D72.1 Eosinophilia was expanded
  - D72.10 Eosinophilia, unspecified
  - D72.110 Idiopathic hypereosinophilic syndrome [IHES]
  - D72.111 Lymphocytic variant hypereosinophilic syndrome [LHES]
  - D72.118 Other hypereosinophilic syndrome
  - D72.119 Hypereosinophilic syndrome [HES], unspecified
  - D72.12 Drug rash with eosinophilia and systemic symptoms syndrome
  - D72.18 Eosinophilia in diseases classified elsewhere
  - D72.19 Other eosinophilia

Stony Brook Medicine CONGENITAL MYOPATHIES

- Sub-Category G71.2 Congenital Myopathies was expanded
  - G71.20 Congenital myopathy, unspecified
  - G71.21 Nemaline myopathy
  - G71.22 Centronuclear myopathy
  - G71.220 X-linked myotubular myopathy
  - G71.228 Other centronuclear myopathy
  - G71.29 Other congenital myopathy

CC Status

Stony Brook Medicine CONGENITAL MYOPATHIES

G71.2 Congenital myopathies
~~Central core disease~~
~~Fiber-type disproportion~~
~~Minicore disease~~
~~Multicore disease~~
~~Myotubular (centronuclear) myopathy~~
~~Nemaline myopathy~~
~~arthrogryposis multiplex congenita (Q74.3)~~
►~~arthrogryposis multiplex congenita (Q74.3)~~◄
G71.20 Congenital myopathy, unspecified
G71.21 Nemaline myopathy
G71.22 Centronuclear myopathy
G71.220 X-linked myotubular myopathy
Myotubular (centronuclear) myopathy
G71.228 Other centronuclear myopathy
Autosomal centronuclear myopathy
Autosomal dominant centronuclear myopathy
Autosomal recessive centronuclear myopathy
Centronuclear myopathy, NOS
G71.29 Other congenital myopathy
Central core disease
Minicore disease
Multicore disease
Multiminicore disease

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Stony Brook Medicine DISORDER OF MENINGES

- Sub-Category G96.19 Other Disorders of Meninges NEC has been expanded
  - G96.191 Perineural cyst
  - G96.198 Other disorders of meninges, not elsewhere classified

Stony Brook Medicine DISORDER OF MENINGES

- Tarlov or perineural cysts are cerebrospinal fluid-filled sacs that most often affect nerve roots of the spine, especially near the sacral region.
- The cyst can grow in size eventually compressing adjacent nerve roots or nerves contained within the cyst. Multiple systems symptomatology can occur depending upon the size and specific location of the cyst and due to progressive nerve damage and organ dysfunction.

Stony Brook Medicine DISORDER OF MENINGES

- Symptoms caused by Tarlov cysts include pain in the area of the affected nerves, paresthesias (numbness, burning, tingling and altered sensation), severe muscle spasms and cramping, leading to muscle atrophy, chronic headaches, and bladder, bowel and sexual dysfunction.
- The exact cause of Tarlov cysts is unknown; however, there is some clinical evidence that symptoms developed following trauma, and possible connective tissue disorders (Marfan's, Ehlers-Danlos, Loeys-Dietz, Lupus, Sjogren's, etc.) that predispose the patient to developing this type of spinal nerve root cyst.

Stony Brook Medicine PULMONARY EOSINOPHILIC DISEASES

- Category J82 Pulmonary Eosinophilia NEC has been expanded
  - J82.81 Chronic eosinophilic pneumonia
  - J82.82 Acute eosinophilic pneumonia
  - J82.83 Eosinophilic asthma
  - J82.89 Other pulmonary eosinophilia, not elsewhere classified

CC Status

Stony Brook Medicine

FIBROTIC INTERSTITIAL LUNG DISEASE

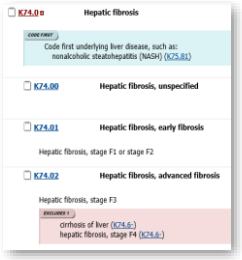
- Sub-Category J87.17 Other interstitial pulmonary disease with fibrosis in diseases classified elsewhere has been expanded
  - J84.170 *Interstitial lung disease with **progressive fibrotic phenotype** in diseases classified elsewhere*
  - J84.178 *Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere*

*These are manifestation codes and cannot be sequenced as PDX

Stony Brook Medicine

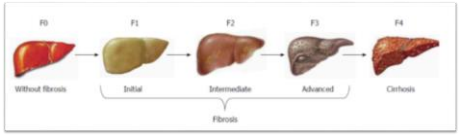
HEPATIC FIBROSIS

- Sub-Category K74.0 Hepatic Fibrosis has been expanded
  - K74.00 Hepatic fibrosis, unspecified
  - K74.01 Hepatic fibrosis, early fibrosis
  - K74.02 Hepatic fibrosis, advanced fibrosis



Stony Brook Medicine

HEPATIC FIBROSIS



https://www.wjgnet.com/1007-9327/full/v21/i41/11552.htm

Stony Brook Medicine

HEPATIC FIBROSIS

- Advanced fibrosis due to NASH is associated with increased risk of liver-related complications, including liver-related mortality, as well overall mortality.
- Patients with advanced fibrosis due to NASH also have a reduced quality of life. They have increased risk of liver cancer, and increased risk of hospitalization.
- Assessment of hepatic fibrosis has traditionally depended on liver biopsy, and that is the gold standard.
- However, there are now non-invasive tests that can be used for assessment of the stages of hepatic fibrosis. These will be helpful in detecting and differentiating early and advanced fibrosis.

ICD-10-CM Coordination & Maintenance Committee March 2019 pg. 25

Stony Brook Medicine

JOINT RELATED DISORDERS

- Twenty-one new codes have been created for several joint related disorders by adding “other specified site” or “other specified joint”
  - e.g., rheumatoid arthritis, osteoarthritis, dislocation
- Sub-Category M26.6 Temporomandibular Joint Disorders has been expanded
  - M26.64- Arthritis of temporomandibular joint
  - M26.65- Arthropathy of temporomandibular joint

Stony Brook Medicine

JUVENILE OSTEOCHONDROSIS OF THE TIBIA AND FIBULA

- Subcategory M92.5, Juvenile osteochondrosis of tibia and fibula, has been expanded to distinguish juvenile osteochondrosis (Blount’s Disease vs Osgood-Schlatter Disease)
- Unspecified juvenile osteochondrosis (M92.50-)
- Juvenile osteochondrosis of proximal tibia (M92.51-)
- Juvenile osteochondrosis of tibia tubercle (M92.52-)
- Other juvenile osteochondrosis of tibia and fibula (M92.59-)
- Sixth characters at each of the codes identify laterality (i.e. unspecified leg, right leg, left leg and bilateral).

Stony Brook Medicine

JUVENILE OSTEOCHONDROSIS OF THE TIBIA AND FIBULA

- The two conditions, Blount Disease and Osgood-Schlatter are very dissimilar both in character, prognosis and treatment.
- Blount disease is a growth disorder of the tibia (shin bone) that causes the lower leg to angle inward, resembling a bowleg which occurs in growing children.
- Osgood-Schlatter disease is a characteristic of soreness and swelling at the tibial tuberosity, which occurs in adolescence.

ICD-10-CM Coordination & Maintenance Committee September 2019 pg. 45

Stony Brook Medicine

C3 GLOMERULONEPHRITIS

- New codes at categories N00 to N07 to identify C3 glomerulopathy:
  - N00.A Acute nephritic syndrome with C3 glomerulonephritis
  - N01.A Rapidly progressive nephritic syndrome with C3 glomerulonephritis
  - N02.A Recurrent and persistent hematuria with C3 glomerulonephritis
  - N03.A Chronic nephritic syndrome with C3 glomerulonephritis
  - N04.A Nephrotic syndrome with C3 glomerulonephritis
  - N05.A Unspecified nephritic syndrome with C3 glomerulonephritis
  - N06.A Isolated proteinuria with C3 glomerulonephritis
  - N07.A Hereditary nephropathy, not elsewhere classified with C3 glomerulonephritis

Stony Brook Medicine

C3 GLOMERULONEPHRITIS

- Glomuleronephritis is classified into pathogenic types, which have been defined by the classification forms seen in renal biopsy.
- One of these types is C3 glomerulopathy. A newly classified, uncommon kidney disorder characterized by the deposition of complement component 3 (C3) within the glomeruli.
- C3G is comprised of two distinct clinical subtypes: C3 glomerulonephritis (C3GN) and dense deposit disease (DDD).
- While DDD had a specific ICD-10-CM code, there were none for C3G or the subtype C3GN.

ICD-10-CM Coordination & Maintenance Committee March 2019 page 13

Stony Brook Medicine

GRANULOMATOUS MASTITIS

- Granulomatous mastitis is a rare, chronic, inflammatory condition of the breast with unknown etiology that affects women of child-bearing age.
- It can be mistaken radiographically and clinically for breast cancer and due to its rarity can cause a delay in establishing a definitive diagnosis and subsequent initiation of treatment.
- Furthermore, granulomatous mastitis has a progressive clinical course with multiple recurrences.

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Stony Brook Medicine

HEADACHE WITH ORTHOSTATIC COMPONENT

- Category R51 Headache has been expanded
  - R51.0 Headache with orthostatic component, not elsewhere classified
  - R51.9 Headache, unspecified
- Also known as positional headache, postural headache or orthostatic headache.

Stony Brook Medicine

ADVERSE INCIDENTS DUE TO THERAPEUTIC AND REHABILITATIVE OPHTHALMIC DEVICES

- Sub-Category Y77.1 Therapeutic (nonsurgical) and rehabilitative ophthalmic devices associated with adverse incidents has been expanded
  - Y77.11 Contact lens associated with adverse incidents
  - Y77.19 Other therapeutic (nonsurgical) and rehabilitative ophthalmic devices associated with adverse incidents

Stony Brook Medicine

CERTAIN INFECTIOUS & PARASITIC DISEASES

- New codes:
  - A84.81 Powassan virus disease **MCC**
  - B60.00 Babesiosis, unspecified **CC**
  - B60.01 Babesiosis due to Babesia microti **CC**
  - B60.02 Babesiosis due to Babesia duncani **CC**
  - B60.03 Babesiosis due to Babesia divergens **CC**
  - B60.09 Other babesiosis **CC**

Stony Brook Medicine

POWASSAN VIRUS DISEASE

- Powassan (POW) virus disease is a tick-borne zoonosis caused by a bite of an infected tick, mostly *Ixodes scapularis (deer tick)*.
- Most POW cases have occurred in the Northeastern and Great Lakes regions of the United States during the spring, summer, and mid-fall when ticks and humans are most active
- Although many infected persons may not develop symptoms immediately due to a long incubation period of 1 week to 1 month, Powassan virus disease is considered a serious disease that usually results in encephalitis and/or meningitis and may lead to death.
- Symptoms can include fever, headache, vomiting, weakness, confusion, loss of coordination, speech difficulties, and seizures.
- Only 21 cases were reported in 2018, but this is an increase from the 6 that were reported in 2009.

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Stony Brook Medicine

BABESIOSIS

- Human babesiosis is a tick-borne zoonosis caused by intra-erythrocytic protozoa of the genus *Babesia*.
- Babesiosis can also be transmitted by transfusion of blood and blood components collected from an infected donor.
- Although the majority of U.S. babesiosis cases are caused by *B. microti*, which is prevalent in the Northeast and upper Midwest, other *Babesia* species such as *B. duncani, B. divergens,* and other species have been implicated in transmission in multiple U.S. states.
- On January 24, 2019, FDA approved a nucleic acid amplification test for donor screening, to detect specific *Babesia* species: *B. microti*, *B. duncani*, *B. divergens*, and *B. venatorum*

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METABOLIC DISORDERS

- New Codes
  - E70.81 Aromatic L-amino acid decarboxylase deficiency
  - E70.89 Other disorders of aromatic amino-acid metabolism
- Aromatic L-amino acid decarboxylase (AADC) deficiency is a rare genetic, autosomal-recessive disorder resulting in an inborn error of neurotransmitter biosynthesis.
- Common signs and symptoms of AADC deficiency include hypotonia, hypokinesia, hypertonia, dystonia, oculogyric crisis, developmental delay/failure to thrive, ptosis, and excessive sweating.

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METABOLIC DISORDERS

- New Codes:
  - E74.810 Glucose transporter protein type 1 deficiency
  - E74.818 Other disorders of glucose transport
  - E74.819 Disorders of glucose transport, unspecified
  - E74.89 Other specified disorders of carbohydrate metabolism

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GLUCOSE TRANSPORTER PROTEIN TYPE 1 DEFICIENCY

- Glucose Transporter Protein Type 1 Deficiency Syndrome (Glut1 Deficiency, Glut1 DS, G1D, or De Vivo Syndrome) is a treatable genetic disorder of brain metabolism where glucose does not reach and fuel the brain properly.
- A wide range of neurological symptoms may result, including intellectual disability, developmental delay, seizures, motor dysfunction, speech and language impairments, microcephaly, abnormal eye-head movements, hemiplegia, migraines, and other issues. Symptoms may be constant, transient, or episodic.
- A ketogenic diet is the standard of care treatment as it provides ketones as an alternate source of brain energy.

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CEREBELLAR ATAXIA

- New Codes:
  - G11.10 Early-onset cerebellar ataxia, unspecified
  - G11.11 Friedreich ataxia
  - G11.19 Other early-onset cerebellar ataxia

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FRIEDREICH ATAXIA

- Friedreich ataxia (FA/FRDA) is a multi-system neurological disorder characterized by progressive symptoms of gait and balance instability, impaired coordination affecting all muscles, dysarthria, scoliosis, loss of sensation in the arms and legs, cardiomyopathy and arrhythmia, diabetes, and hearing and vision loss.
- While FA is a multi-systemic disease, brain development and cognitive functioning are at least for the most part preserved, although there may be some subtle cognitive deficits in some cases.
- FA is one of the most common forms of inherited ataxia, affecting about 1 in 50,000 people on average, although it may be as common as 1 in 20,000 in some populations, and much less common in other populations.
- It particularly affects Caucasians, especially those originating from southwestern Europe. It is estimated to affect thousands of people in the U.S. Most people with FA present between the ages 10 to 16 years, although symptoms may start early by age 5, or later, after the age of 25.

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EPILEPSY AND RECURRENT SEIZURES

- New Codes
  - G40.42 Cyclin-dependent kinase-like 5 deficiency disorder
- CDKL5 Deficiency Disorder is a developmental encephalopathy caused by pathogenic variants in the gene *CDKL5*.
- It is a unique disorder that presents with early infantile onset refractory epilepsy, hypotonia, developmental intellectual and motor disabilities, and cortical visual impairment.
- It also causes autonomic problems and gastrointestinal dysfunction that range from oral adversity, swallow dysfunction, gastroesophageal reflux and constipation.
- Over time, children affected can develop scoliosis.

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EPILEPSY AND RECURRENT SEIZURES

- New Codes
  - G40.833 Dravet syndrome, intractable, with status epilepticus
  - G40.834 Dravet syndrome, intractable, without status epilepticus

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- Dravet syndrome, previously known as severe myoclonic epilepsy in infancy (SMEI), is a genetic encephalopathy that presents in the first year of life.

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EYE CODES

- Hereditary Corneal Dystrophy
  - 28 new codes in subcategory H18.5, Hereditary corneal dystrophies, have been expanded to identify laterality (right eye, left eye, bilateral and unspecified eye)
- Irregular Eye Movements
  - Code H55.81 revised
    - From: Saccadic eye movements
    - To: Deficient saccadic eye movements
  - New code: H55.82 Deficient smooth pursuit eye movements

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OGILVIE SYNDROME

- Sub-Category K59.8 Other Specified Functional Intestinal Disorders has been expanded
  - K59.81 Ogilvie syndrome
  - K59.89 Other specified functional intestinal disorders

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OGILVIE SYNDROME

- Ogilvie syndrome is a rare, acquired disorder characterized by abnormalities affecting the involuntary, rhythmic muscular contractions within the colon.
- Ogilvie syndrome is also known as acute colonic pseudo-obstruction (ACPO).
- Symptoms of Ogilvie syndrome are similar to other forms of intestinal pseudo-obstruction and can include nausea, vomiting, abdominal colic and constipation.
- The symptoms mimic those of mechanical blockage of the colon, but no such physical obstruction is present.
- Distention of the colon in Ogilvie syndrome can potentially lead to serious, life-threatening complications including the formation of a hole in the wall of the colon or lack of blood flow to the colon.
- Ogilvie syndrome is usually associated with an underlying disorder, trauma or surgery. Non-operative trauma, infection and heart disease are common conditions associated with Ogilvie syndrome.
- Ogilvie syndrome can be managed with conservative treatment, but if unrecognized and untreated can lead to serious, potentially life-threatening complications.
- It is not the same as chronic intestinal pseudo-obstruction (CIP), a similar, but distinct disorder.

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QUESTIONS

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