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SPEAKER

Melissa Minski, RHIA, CCS, CCDS, AHIMA Approved ICD-10-CM/PCS Trainer

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Healthcare professional with 18 years of experience in the hospital setting. Has worked for community hospitals, academic medical centers, and quality improvement organizations. Currently the Associate Director for Ambulatory Coding & Staff Development for the HIM department at Stony Brook University Hospital where she provides coding education for inpatient and outpatient coding, as well as for CDI and oversees the outpatient coding area. Serves as the subject matter expert for revenue cycle software with IT. Currently pursing Master's Degree in Healthcare Administration at SUNY Stony Brook and is a past president of LIHIMA.

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SEPTEMBER 28, 2022

October 2022 Annual ICD-10/IPPS Updates

Melissa Minski, RHIA, CCS, CCDS, AHIMA Approved ICD-10-CM/PCS Trainer

- ICD-10-CM Updates
- ICD-10-PCS Updates
- IPPS Updates

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ICD-10-CM Updates

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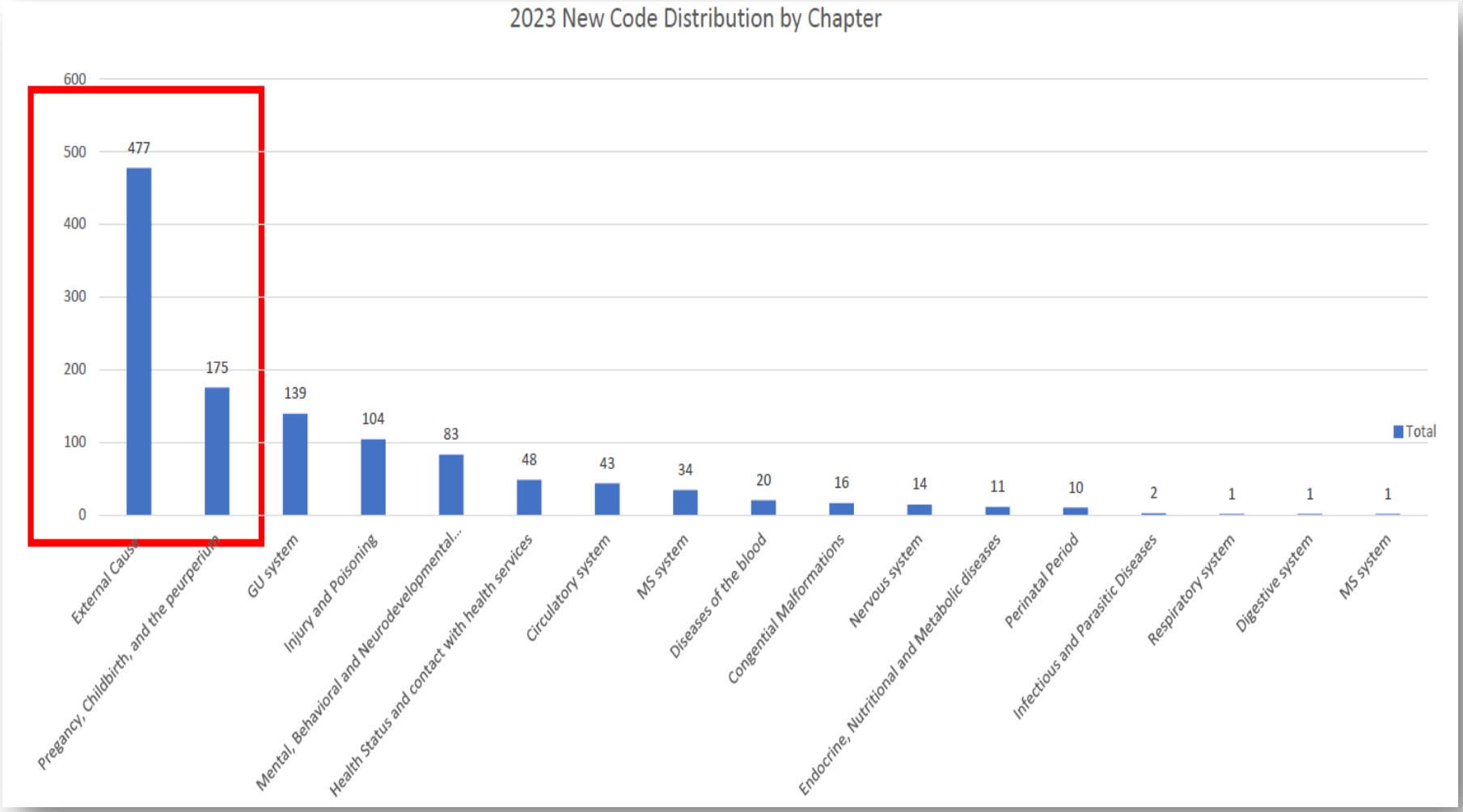
2023 CHANGES SUMMARY

Total 2022 Codes	2023 Deletions	2023 Additions	Total 2023 Codes	Code Description Revisions for 2023
72,748	251	1179	73,676	28


2023 New Code Distribution by Chapter
600
500
400
300
200
100
0
477
175
139
104
83
48
43
34
20
16
14
11
10
2
1
1
1
Total
External Cause
Pregancy, Childbirth, and the peurperium
GU system
Injury and Poisoning
Mental, Behavioral and Neurodevelopmental...
Health Status and contact with health services
Circulatory system
MS system
Diseases of the blood
Congential Malformations
Nervous system
Endocrine, Nutritional and Metabolic diseases
Perinatal Period
Infectious and Parasitic Diseases
Respiratory system
Digestive system
MS system

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New Codes

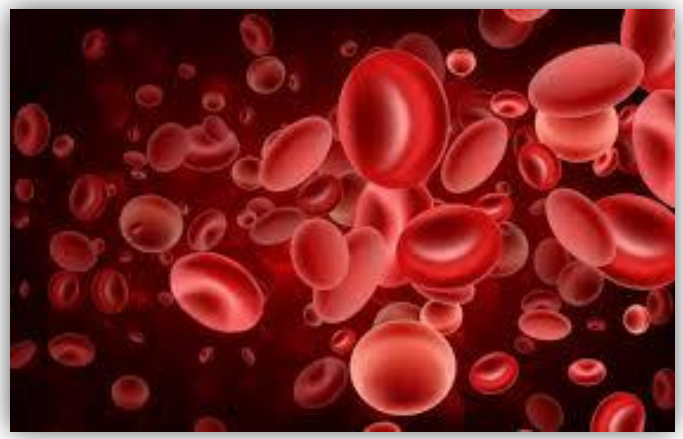
- Code B37.3 has been expanded to account for:
  - B37.31 Acute Candidiasis of Vulva and Vagina
  - B37.32 Chronic Candidiasis of Vulva and Vagina
    - AKA Reccurent Vulvovaginal Candidiasis (RVVC)
- Default is Acute

- An episode of uncomplicated VVC is often considered a nuisance that is easily resolved. However, women with RVVC typically endure multiple relapses and require months of treatment with a significant impact on their lives.
- Although new drugs and regimens are being developed, current treatment for RVVC typically consists of topicals or oral fluconazole for 10 to 14 days, followed by a maintenance regimen of oral fluconazole once a week for at least 6 months. This controls symptoms in the great majority of patients, but cessation is followed by another episode of VVC in approximately 50% of women within three to four months, and likely a higher percentage over time.
- As often noted in the literature, the availability of over-the-counter treatment create difficulties in accurately determining the frequency of recurrent vulvovaginal candidiasis. It is not currently possible to clearly differentiate recurrent vulvovaginal candidiasis from uncomplicated vulvovaginal candidiasis[7] or to track cases of this clinically significant population in the data.

- Category D59.3 for HUS has been expanded for the following:
  - D59.30 Hemolytic-Uremic Syndrome, Unspecified
  - D59.31 Infection-Associated hemolytic-uremic syndrome
  - D59.32 Hereditary hemolytic-uremic syndrome
  - D59.39 Other hemolytic-uremic syndrome
    - Atypical (non-genetic) & secondary
- All codes retain MCC status of D59.3

MCC Status

- HUS is a thrombotic microangiopathy in which thrombi form in the smallest blood vessels, i.e., capillaries and arterioles.
- It is characterized by the presence of:
  - hemolytic anemia
  - thrombocytopenia
  - acute kidney injury



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	Typical HUS	Atypical HUS
Abbreviation	tHUS, STEC-HUS	aHUS
Inpatient Treatment	Supportive	Antibody complement inhibitors
Inpatient antibiotics	No	Yes, with meningococcal vaccine
Follow up or continuing care for HUS	No	Yes

- Code D68.0 for von Willebrand Disease has been expanded to:
  - D68.00 von Willebrand Disease, Unspecified
  - D68.01 von Willebrand Disease, Type 1
  - D68.020 von Willebrand Disease, Type 2A
  - D68.021 von Willebrand Disease, Type 2B
  - D68.022 von Willebrand Disease, Type 2M
  - D68.023 von Willebrand Disease, Type 2N
  - D68.029 von Willebrand Disease, Type 2, Unspecified

CC Status

- Von Willebrand disease is the most common inherited bleeding disorder, in which the blood does not clot properly, with wide variability in clinical phenotype.

Von Willebrand Disease
Classification

Type	Defect	Inheritance	Clinical Manifestations
Type 1 (Accounts for ~¾ of cases)	Quantitative defect (i.e. not enough vWF)	Autosomal dominant	Bleeding: None – severe
Type 2 (Type 2A, 2B, 2M, 2N)	Qualitative defect (i.e. dysfunctional vWF)	Autosomal dominant (common) Autosomal recessive (uncommon)	Bleeding: Moderate – severe
Type 3 (Accounts for <5% of cases)	Profound quantitative defect (i.e. a total or near total absence of vWF)	Autosomal recessive	Bleeding: Severe (Clinically similar to hemophilia A)

- Code D75.82 for Heparin Induced Thrombocytopenia has been expanded to the following:
  - D75.821 Non-Immune HIT
  - D75.822 Immune Mediated HIT
  - D75.828 Other HIT Syndrome
  - D75.829 HIT, Unspecified

CC Status

HEPARIN INDUCED THROMBOCYTOPENIA (HIT)

- For a number of years there have been two types of HIT recognized, identified as type 1 HIT and type 2 HIT.
- There has also more recently been a type of HIT identified as autoimmune HIT, or spontaneous HIT, which may occur without the patient previously receiving heparin.
- There was only one code for Heparin Induced Thrombocytopenia (HIT), D75.82.
- It was requested by the Agency for Healthcare Research and Quality (AHRQ) to create specific codes for Type 1 HIT and Type 2 HIT, and also to differentiate cases of autoimmune HIT.
- It is also proposed to separate other clinically similar conditions that occur unrelated to heparin, including spontaneous HIT syndrome.

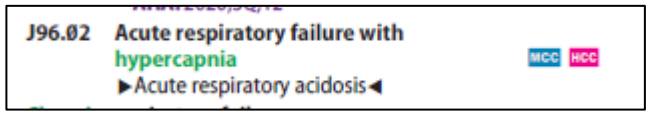
- Code E34.3 Short Stature due to Endocrine Disorder has been expanded to the following:
  - E34.30 Short Stature due to Endocrine Disorder, unspecified
  - E34.31 Constitutional short stature
  - E34.321 Primary Insulin-like growth factor-1 (IGF-1) deficiency
  - E34.322 Insulin-like growth factor-1 (IGF-1) resistance
  - E34.328 Other genetic causes of short stature
  - E334.329 Unspecified genetic causes of short stature
  - E34.39 Other short stature due to endocrine disorder

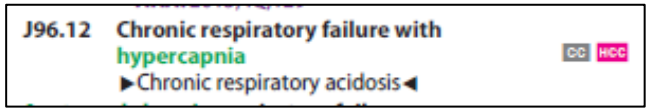
- Code E87.2 was expanded to reflect the following:
  - E87.20 Acidosis, Unspecified
  - E87.21 Acute Metabolic Acidosis
  - E87.22 Chronic Metabolic Acidosis
  - E87.29 Other Acidosis

CC Status

- New Excludes 2 Note Under E87.29:

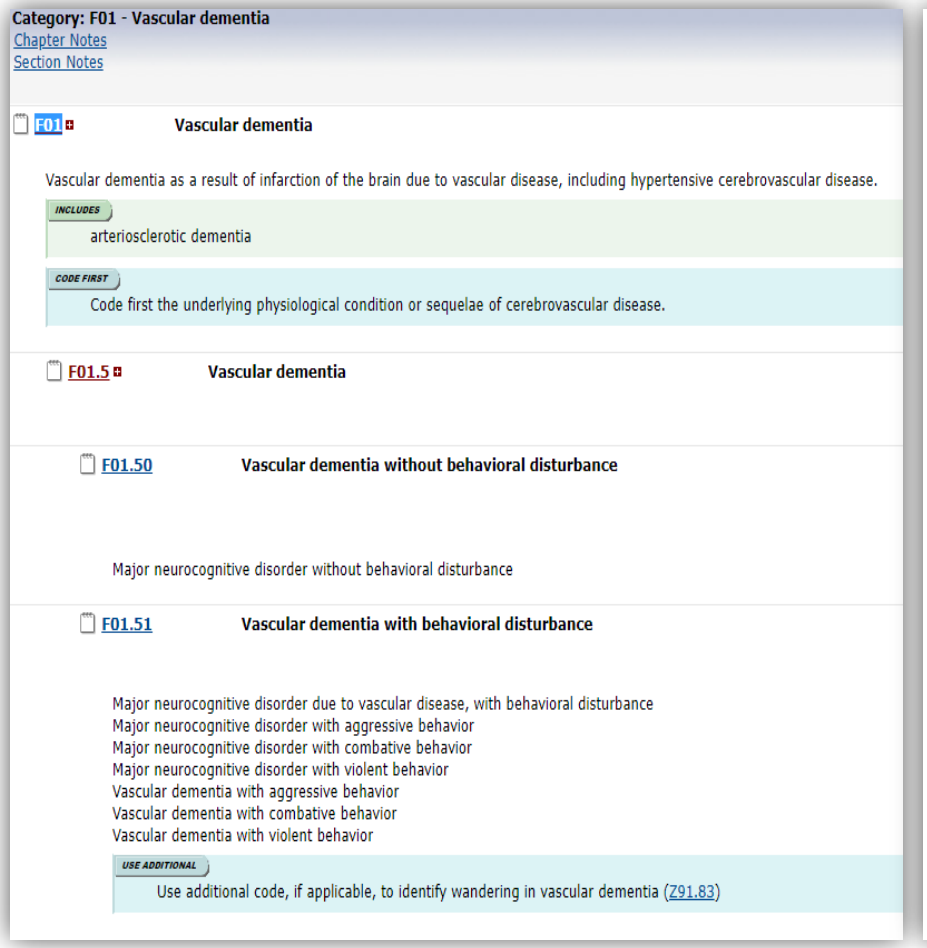
Excludes2: acute respiratory acidosis (J96.02)
chronic respiratory acidosis (J96.12)





- Codes for dementia in categories F01-F03 have been updated and revised to include:
  - Severity (mild, moderate, severe)
  - Different types of behavioral/psychological symptoms
- Prior to this severity was not classified and behavioral psychological symptoms were all clustered together under one code.
- As with the previous version, any code with a behavioral/psychological symptom is still a CC.

2022



Category: F01 - Vascular dementia
Chapter Notes
Section Notes

F01 Vascular dementia

Vascular dementia as a result of infarction of the brain due to vascular disease, including hypertensive cerebrovascular disease.

INCLUDES
arteriosclerotic dementia

CODE FIRST
Code first the underlying physiological condition or sequelae of cerebrovascular disease.

F01.5 Vascular dementia

F01.50 Vascular dementia without behavioral disturbance

Major neurocognitive disorder without behavioral disturbance

F01.51 Vascular dementia with behavioral disturbance

Major neurocognitive disorder due to vascular disease, with behavioral disturbance
Major neurocognitive disorder with aggressive behavior
Major neurocognitive disorder with combative behavior
Major neurocognitive disorder with violent behavior
Vascular dementia with aggressive behavior
Vascular dementia with combative behavior
Vascular dementia with violent behavior

USE ADDITIONAL
Use additional code, if applicable, to identify wandering in vascular dementia (Z91.83)

2023

F01.511 Vascular dementia, unspecified severity, with agitation
Major neurocognitive disorder due to vascular disease, unspecified severity, with aberrant motor behavior such as restlessness, rocking, pacing, or exit-seeking
Major neurocognitive disorder due to vascular disease, unspecified severity, with verbal or physical behaviors such as profanity, shouting, threatening, anger, aggression, combativeness, or violence
Vascular dementia, unspecified severity, with aberrant motor behavior such as restlessness, rocking, pacing, or exit-seeking
Vascular dementia, unspecified severity, with verbal or physical behaviors such as profanity, shouting, threatening, anger, aggression, combativeness, or violence

F01.518 Vascular dementia, unspecified severity, with other behavioral disturbance
Major neurocognitive disorder due to vascular disease, unspecified severity, with behavioral disturbances such as sleep disturbance, social disinhibition, or sexual disinhibition
Vascular dementia, unspecified severity, with behavioral disturbances such as sleep disturbance, social disinhibition, or sexual disinhibition

Use Additional code, if applicable, to identify wandering in vascular dementia (Z91.83)

F01.52 Vascular dementia, unspecified severity, with psychotic disturbance
Major neurocognitive disorder due to vascular disease, unspecified severity, with psychotic disturbance such as hallucinations, paranoia, suspiciousness, or delusional state
Vascular dementia, unspecified severity, with psychotic disturbance such as hallucinations, paranoia, suspiciousness, or delusional state

F01.53 Vascular dementia, unspecified severity, with mood disturbance
Major neurocognitive disorder due to vascular disease, unspecified severity, with mood

2022

Dementia (degenerative (primary)) (old age) (persisting) F03.90
- with
  - aggressive behavior F03.91
  - behavioral disturbance F03.91
  - combative behavior F03.91
  - Lewy bodies G31.83 *[F02.80]*
    - with behavioral disturbance G31.83 *[F02.81]*
  - Parkinsonism G31.83 *[F02.80]*
    - with behavioral disturbance G31.83 *[F02.81]*
  - Parkinson's disease G20 *[F02.80]*
    - with behavioral disturbance G20 *[F02.81]*
  - violent behavior F03.91

CC Status

2023

Dementia (degenerative (primary)) (old age) (persisting) (unspecified severity) (without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety) F03.90
- with
  - aberrant motor behavior (exit-seeking) (pacing) (restlessness) (rocking) F03.911
  - agitation F03.911
  - anxiety F03.94
  - behavioral disturbances (sexual disinhibition) (sleep disturbance) (social disinhibition) F03.918
    - specified NEC F03.918
  - Lewy bodies — *see also* Dementia, in, diseases specified elsewhere G31.83 *[F02.80]*
    - with behavioral disturbance — *see also* Dementia, in, diseases specified elsewhere G31.83 *[F02.81-]* ☑
  - mood disturbance (anhedonia) (apathy) (depression) F03.93
  - Parkinsonism — *see also* Dementia, in, diseases specified elsewhere G20 *[F02.80]*
    - with behavioral disturbance — *see also* Dementia, in, diseases specified elsewhere G20 *[F02.81-]* ☑
  - Parkinson's disease — *see also* Dementia, in, diseases specified elsewhere G20 *[F02.80]*
    - with behavioral disturbance — *see also* Dementia, in, diseases specified elsewhere G20 *[F02.81-]* ☑
  - psychotic disturbance (delusional state) (hallucinations) (paranoia) (suspiciousness) F03.92
  - verbal or physical behaviors (anger) (aggression) (combativeness) (profanity) (shouting) (threatening) (violence) F03.911

- New sub-category F06.7- was added for Mild Neurocognitive Disorder due to Known Physiological Condition
  - F06.70 Mild neurocognitive disorder due to known physiological condition without behavioral disturbance
  - F06.71 Mild neurocognitive disorder due to known physiological condition with behavioral disturbance

CC Status

- This is different from code G31.84 “mild cognitive impairment due to unknown or unspecified etiology”
- There is an excludes 1 note under each code indicating they cannot be coded with each other.

MILD NEUROCOGNITIVE DISORDER CONT'D

- Cognitive impairment related to aging occurs on a continuum ranging from the typical changes related to normal aging to cognitive deficits that exceed those expected given a person's age but yet are not so severe as to be considered a dementia, and finally deficits of sufficient severity to warrant a dementia diagnosis.
- Degenerative diseases of the nervous system typically evolve over time so that there may be a period of asymptomatic histopathological changes to a period of mild cognitive impairment (often protracted) on the way to the development of overt dementia.
- In recent years there has been great interest in identifying and potentially treating individuals during this pre-dementia period with the hope that clinical interventions might prevent the progression of the underlying illness.

- Previously the ICD-10-CM code set did not include a code for substance use, unspecified, in remission;
  - one must know if a patient was most recently a mild, moderate, or severe user (abuse or dependent) to code the current remission status.
- Consequently, cases in which the patient is known to have been previously diagnosed with a substance use disorder and whose pattern of substance use currently meets the criteria for remission status, yet the severity of the substance use before achieving remission status is not known, cannot be coded.
- It was the request of the submitter to create new ICD-10-CM codes for “unspecified use in remission” for the reporting of current remission status when previous severity is not known.

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SUBSTANCE USE IN REMISSION

No Change	**F11 Opioid related disorders**
No Change	**F11.9 Opioid use, unspecified**
Add	**F11.91 Opioid use, unspecified, in remission**
No Change	**F12 Cannabis related disorders**
No Change	**F12.9 Cannabis use, unspecified**
Add	**F12.91 Cannabis use, unspecified, in remission**
No Change	**F13 Sedative, hypnotic, or anxiolytic related disorders**
No Change	**F13.9 Sedative, hypnotic or anxiolytic-related use, unspecified**
Add	**F13.91 Sedative, hypnotic or anxiolytic use, unspecified, in remission**
No Change	**F14 Cocaine related disorders**
No Change	**F14.9 Cocaine use, unspecified**
Add	**F14.91 Cocaine use, unspecified, in remission**
No Change	**F15 Other stimulant related disorders**
No Change	**F15.9 Other stimulant use, unspecified**
Add	**F15.91 Other stimulant use, unspecified, in remission**
No Change	**F16 Hallucinogen related disorders**
No Change	**F16.9 Hallucinogen use, unspecified**
Add	**F16.91 Hallucinogen use, unspecified, in remission**

- It was also discovered that a new code was needed (F10.90 (Alcohol use, unspecified, uncomplicated) which would be used in cases where the alcohol use pattern is unspecified, but it is known that the use pattern is not complicated by an alcohol-induced disorder such as alcohol-induced mood disorder.
- This contrasts with the existing F10.99 Alcohol use unspecified with unspecified alcohol-induced disorder, in which both the pattern of alcohol use and the possible presence of an alcohol-induced disorder are unspecified. Such a code exists for the other instances of F1x.90 (i.e., other drug classes).
- Given that alcohol is no different from the other substance classes with respect to these unspecified categories, the omission of F10.90 alcohol use, unspecified, uncomplicated is almost certainly an oversight and thus F10.90 also be added to ICD-10-CM.

POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME (POTS)

- G90.A Postural orthostatic tachycardia syndrome
- Postural orthostatic tachycardia syndrome (POTS) is a chronic autonomic nervous system disorder that can cause severe disability, and impaired quality of life. POTS is estimated to affect as many as 500,000 to 3 million people in the U.S., although precise epidemiological studies have not been conducted to date.
- This has also been known as DaCosta syndrome, Irritable Heart, Solider's Heart, Civil War Syndrome, Effort Syndrome, and many other terms throughout history.
- US Congress has recognized the need for further research of this diagnosis, which was requested by the National Institutes of Health. New code will enable research.

- Sub-category G93.3- has been expanded to allow for:
  - G93.31 Postviral fatigue syndrome
  - G93.32 Myalgic encephalomyelitis/chronic fatigue syndrome
- Instructional note under sub-category G93.3 which states:
  - *Use additional code, if applicable, for post COVID-19 condition, unspecified (U09.9)*

CC Status

- Code I20.2 has been created for Refractory Angina Pectoris
- In addition the concept of refractory angina has been added to category I25
- Chronic angina pectoris, refractory to medical and interventional therapies, is a common and disabling medical condition.
- The clinical burden of refractory angina (RA) is growing due to an aging population and improved survival from coronary artery disease (CAD)
- Refractory angina (RA) is defined as a chronic condition (≥3 months in duration) characterized by angina in the setting of coronary artery disease (CAD), which cannot be controlled by a combination of optimal medical therapy, angioplasty or bypass surgery, and where reversible myocardial ischemia has been clinically established to be the cause of the symptoms
- When further revascularization options are limited, these patients are frequently described as having no option for treatment, and as having refractory angina. The care of these patients is challenging, and the guidance available from national practice guidelines is limited

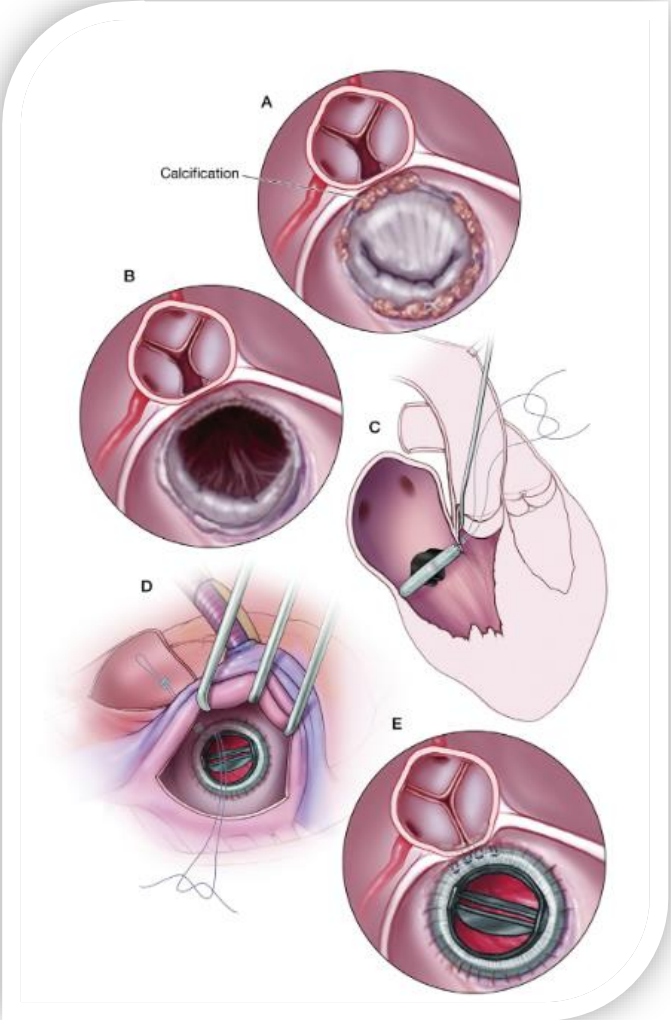
- Sub-Category I31.3- has been expanded to allow for:
  - *I31.31 Malignant pericardial effusion*

  Code first underlying neoplasm (C00-D49)
  - I31.39 Other pericardial effusion (noninflammatory)

CC Status

- The most common etiologies of malignant disease of the pericardium include cancers of the lung and breast, while a number of other cancers may also produce malignant neoplasms, including malignant melanoma and leukemia or lymphoma.
- The presence of symptomatic pericardial effusion in a patient with a malignancy suggests a poor prognosis, with a median survival time of 2 to 5 months after diagnosis.

- Sub-Category I34.8- has been expanded to allow for:
  - I34.81 Nonrheumatic mitral (valve) annulus calcification
  - I34.89 Other nonrheumatic mitral valve disorders



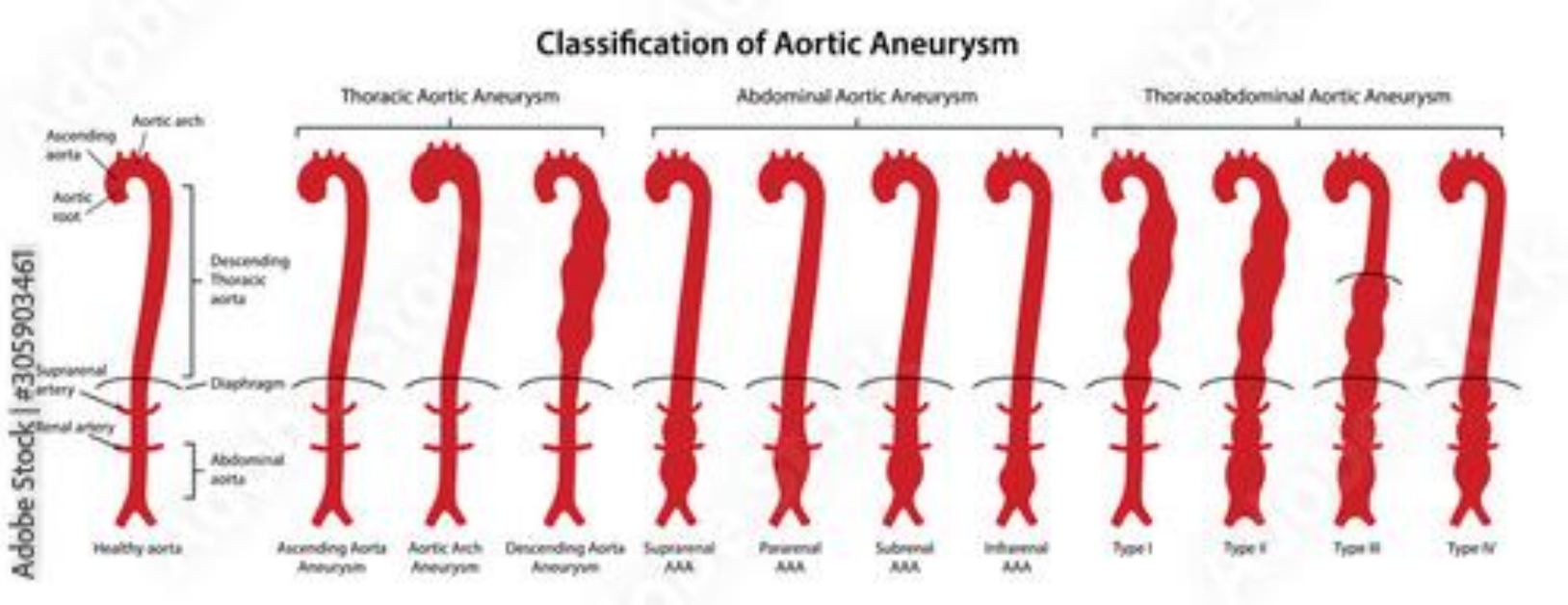
- Sub-Category I47.2- has been expanded to allow for:
  - I47.20 Ventricular tachycardia, unspecified
  - I47.21 Torsades de Pointes
  - I47.29 Other ventricular tachycardia

CC Status

- Torsades de pointes is a form of polymorphic ventricular tachycardia. It can be triggered by certain medications in susceptible individuals, and it can be fatal.
- Torsades de pointes can cause symptoms of palpitations, dizziness, and syncope, which are usually recurrent.
- Torsades is associated with long QT syndrome, which may be congenital, or acquired.

- Category I71 has been expanded to allow for further specification of the location of the aneurysm and/or dissection.
- New locations include:
  - Ascending thoracic aorta
  - Aortic arch
  - Descending thoracic aorta
  - Pararenal
  - Juxtarenal
  - Infrarenal
  - Supraceliac
  - Paravisceral

MCC Status



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- Code J95.87 has been added for Transfusion-Associated Dyspnea
- See excludes note underneath for related, but different disease process.

CC Status

J95.87 Transfusion-associated dyspnea (TAD)

Excludes1: transfusion associated circulatory overload (TACO) (E87.71)
transfusion-related acute lung injury (TRALI) (J95.84)

- New code K76.82 has been added for hepatic encephalopathy.
- In ICD-9-CM, hepatic encephalopathy had a unique code with hepatic coma, portal-systemic encephalopathy and hepatocerebral intoxication as inclusion terms.
- In ICD-10 the manifestation of hepatic coma is in included in various causes of hepatic failure without a specific code.

K76.82 Hepatic encephalopathy

Hepatic encephalopathy, NOS
Hepatic encephalopathy without coma
Hepatocerebral intoxication
Portal-systemic encephalopathy

Code also underlying liver disease, such as:
acute and subacute hepatic failure without coma (K72.00)
alcoholic hepatic failure without coma (K70.40)
chronic hepatic failure without coma (K72.10)
hepatic failure with toxic liver disease without coma (K71.10)
hepatic failure without coma (K72.90)
icterus of newborn (P55-P59)
postprocedural hepatic failure (K91.82)
viral hepatitis without hepatic coma (B15.9, B16.1, B16.9, B17.10, B19.10, B19.20, B19.9)

Excludes1: acute and subacute hepatic failure with coma (K72.01)
alcoholic hepatic failure with coma (K70.41)
chronic hepatic failure with coma (K72.11)
hepatic failure with coma (K72.91)

- Category M51 (intervertebral disc disorders) was expanded to account for the following:
  - M51.A0 Intervertebral annulus fibrosus defect, lumbar region, unspecified size
  - M51.A1 Intervertebral annulus fibrosus defect, small, lumbar region
  - M51.A2 Intervertebral annulus fibrosus defect, large, lumbar region
  - M51.A3 Intervertebral annulus fibrosus defect, lumbosacral region, unspecified size
  - M51.A4 Intervertebral annulus fibrosus defect, small, lumbosacral region
  - M51.A5 Intervertebral annulus fibrosus defect, large, lumbosacral region
- A code first instructional note appears beneath each code instructing the coder to: *code first, if applicable, disc herniation*

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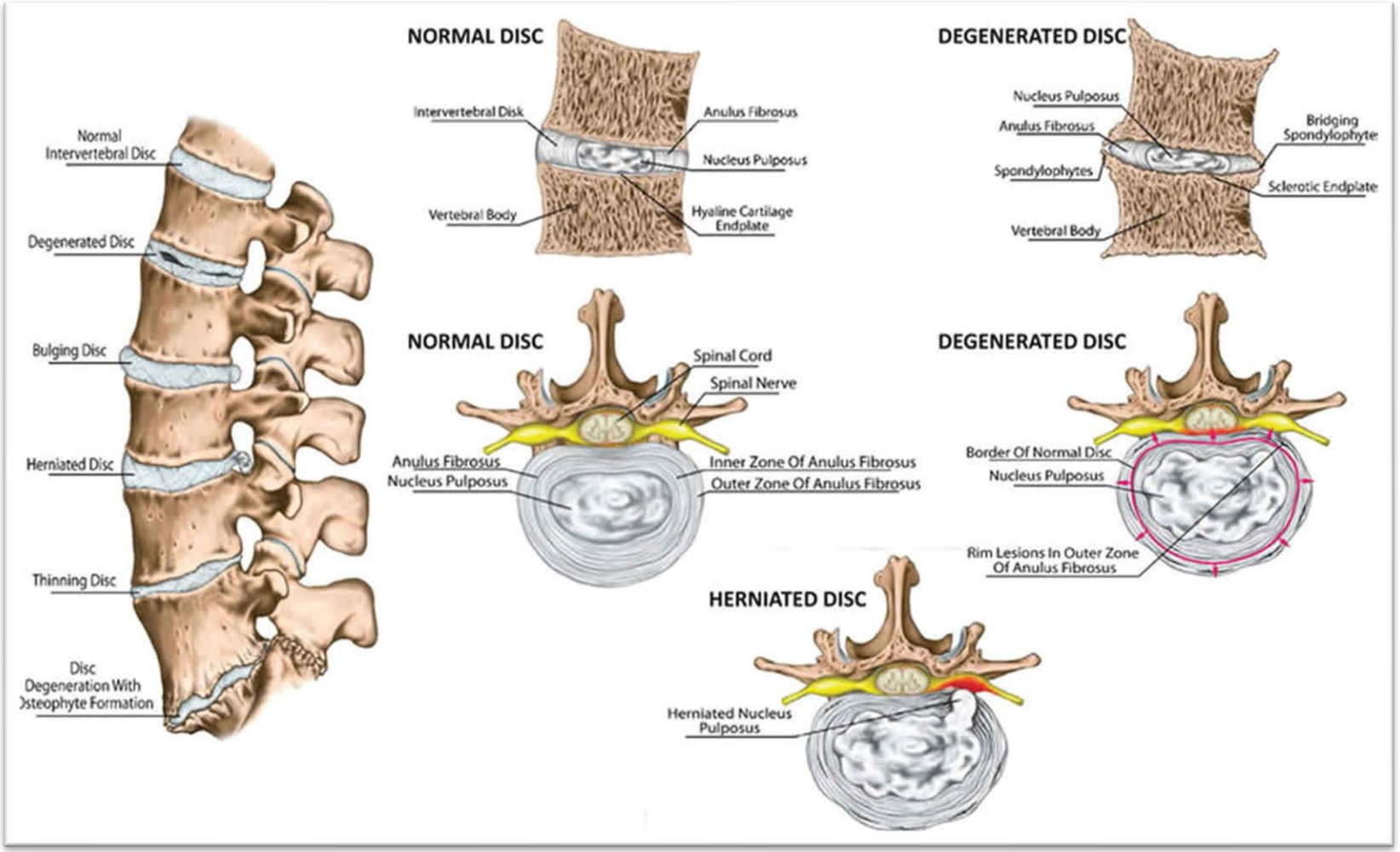
LUMBAR & LUMBOSACRAL INTERVERTEBRAL ANNULUS FIBROSIS DEFECTS



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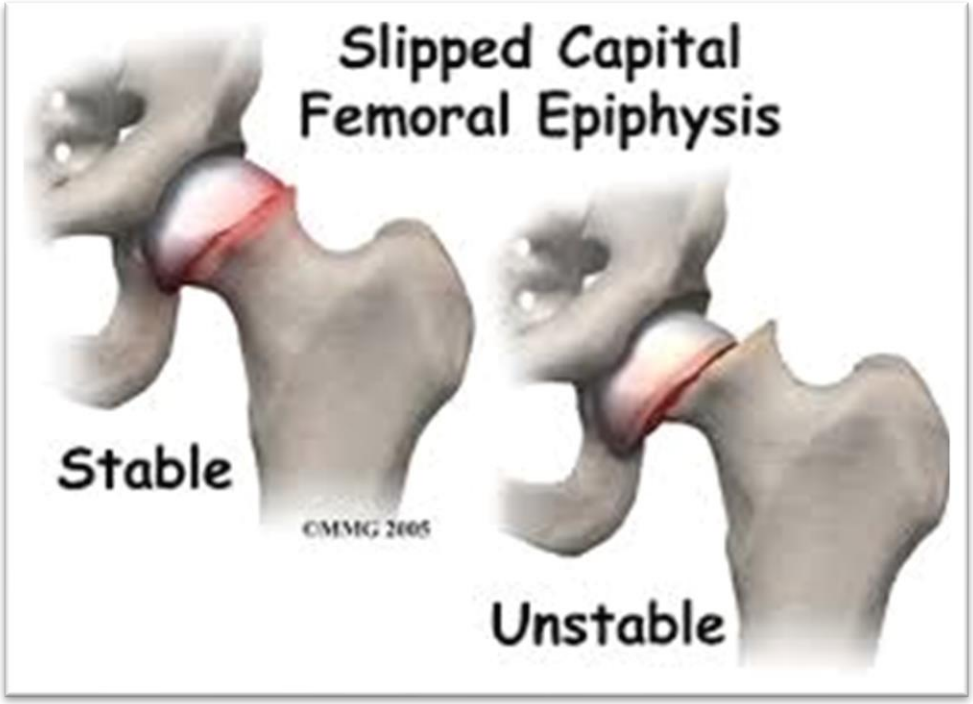
SLIPPED UPPER FEMORAL EPIPHYSIS, STABLE, UNSTABLE

- Sub-Category M93.0 has been expanded to allow for the concepts of stable vs. unstable Slipped Upper Femoral Epiphysis (SCFE)



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- **A stable SCFE** causes some stiffness or pain in the knee or groin area, and possibly a limp that causes a child to walk with a foot outward. The pain and the limp usually tend to come and go, worsening with activity and getting better with rest. With a stable SCFE, a child still can walk, even if crutches are needed. The prognosis is relatively good for functional recovery.
- **An unstable SCFE** is a more severe slip that usually happens suddenly and is usually much more painful. A child will not be able to bear weight on the affected side. An unstable SCFE is also more serious because it can restrict blood flow to the hip joint, leading to tissue death in the head of the femur. For this reason, the prognosis is much more guarded.

- Category M96 was expanded to allow for coding of the concept of rib fractures due to CPR.
- Coding Clinic advice from March, 2021 advised coder to assign M96.89 “Other intraoperative and postprocedural complications…”
- Prior to this coding clinic, these were classified as traumatic fractures

M96.A Fracture of ribs, sternum and thorax associated with compression of the chest and cardiopulmonary resuscitation

M96.A1 Fracture of sternum associated with chest compression and cardiopulmonary resuscitation
Fracture of xiphoid process associated with chest compression and cardiopulmonary resuscitation

M96.A2 Fracture of one rib associated with chest compression and cardiopulmonary resuscitation

M96.A3 Multiple fractures of ribs associated with chest compression and cardiopulmonary resuscitation

MCC M96.A4 Flail chest associated with chest compression and cardiopulmonary resuscitation

M96.A9 Other fracture associated with chest compression and cardiopulmonary resuscitation

CC Status

- AHRQ requested new codes to specifically identify thoracic fractures due to performance of CPR or chest compressions.
- AHRQ's PSI 06, "Iatrogenic Pneumothorax Rate", excludes diagnoses that could reasonably be expected to involve entering into the pleural space.
- Cases involving rib fracture due to performance of CPR should be excluded from PSI 06, because iatrogenic pneumothorax would be an expected outcome in this clinical setting. This exclusion has been historically accomplished using S codes, but this approach is no longer feasible in light of the March 2021 Coding Clinic guidance.

CONTRAST INDUCED NEPHROPATHY (CIN)

- Sub-Category N14.1- has been expanded to allow for:
  - N14.11 Contrast induced nephropathy
  - N14.19 Nephropathy induced by other drugs, medicaments, and biological substances
- There are two rare, but serious disorders associated with contrast dyes and the kidneys: contrast induced nephropathy (CIN) and nephrogenic systemic fibrosis (NSF).
- Contrast-induced nephropathy (CIN) is the third leading cause of hospital acquired acute kidney injury and identifiable cause of iatrogenic acute kidney injury.
- New code for contrast-induced nephropathy is for coding specificity and research.
- Under N14.11 there is an excludes 2 note for acute kidney failure N17.-

- New code N76.82 for Fournier Gangrene of Vagina & Vulva.
- Prior to this, there was no specific code for this condition in females and it was assigned to a non-specific “other specified” code.
- This condition, in both males and females, requires a substantial amount of services/wound care.

- Category N80 was expanded to allow for the following level of detail for endometriosis:
  - Superficial vs. Deep
  - Laterality (left, right, bilateral)

- **Superficial endometriosis:** Ectopic growth of endometrial-like tissue that extends 5mm or less below the peritoneal surface. Lesions can vary in number (singular or in multiple locations).
- **Deeply infiltrating endometriosis:** Ectopic growth of endometrial-like tissue that extends greater than 5mm below the peritoneal surface. Lesions can vary in number (singular or in multiple locations).
  - These lesions are commonly associated with deep fibrosis and adhesions.

- Category O35 (maternal care for known or suspected fetal abnormality and damage) has been greatly expanded to identify specific abnormalities.
- Examples of specific abnormalities include:
  - Trisomy 18
  - Turner syndrome
  - Genitourinary anomalies
  - Holoprosencephaly
- Prior to this terms were generic such as:
  - Hereditary diseases
  - Central nervous malformation
  - Chromosomal abnormality

- Sub-Categories P28.3- and P28.4 (apnea of newborns) have been expanded to allow for the specification of the type of apnea.
  - **Central**: cessation of breathing effort
  - **Obstructive**: airflow obstruction usually at the pharyngeal level
  - **Mixed**: a central apnea that is directly followed by an obstructive apnea
  - **Apnea of Prematurity**: developmental disorder caused by immaturity of neurologic and/or mechanical function of the respiratory system.

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ATRIAL SEPTAL & ATRIOVENTRICULAR SEPTAL DEFECTS

- Sub-Categories Q21.1 & Q21.2 (for the above-mentioned defects) have been expanded for specificity.

CC Status

Q21.1 Atrial septal defect
Coronary sinus defect
Patent or persistent foramen ovale
Patent or persistent ostium secundum defect (type II)
Patent or persistent sinus venosus defect
Excludes 2: ostium primum atrial septal defect (type I) (Q21.20)

Q21.10 Atrial septal defect, unspecified

Q21.11 Secundum atrial septal defect
Fenestrated atrial septum
Patent or persistent ostium secundum defect (type II)

Q21.12 Patent foramen ovale
Persistent foramen ovale

Q21.13 Coronary sinus atrial septal defect
Coronary sinus defect
Unroofed coronary sinus

Q21.14 Superior sinus venosus atrial septal defect
Superior vena cava type atrial septal defect

Q21.15 Inferior sinus venosus atrial septal defect
Inferior vena cava type atrial septal defect

Q21.16 Sinus venosus atrial septal defect, unspecified
Sinus venosus defect, NOS

Q21.19 Other specified atrial septal defect
Common atrium
Other specified atrial septal abnormality

Q21.2 Atrioventricular septal defect
Common atrioventricular canal
Atrioventricular canal defect

Q21.20 Atrioventricular septal defect, unspecified as to partial or complete
Atrioventricular canal, NOS
Endocardial cushion defect NOS
Ostium primum atrial septal defect (type I) NOS

Q21.21 Partial atrioventricular septal defect
Incomplete atrioventricular canal
Incomplete atrioventricular septal defect
Incomplete endocardial cushion defect
Ostium primum atrial septal defect (type I) with separate atrioventricular valves
Partial atrioventricular canal
Partial endocardial cushion defect

Q21.22 Transitional atrioventricular septal defect
Intermediate atrioventricular canal
Intermediate atrioventricular septal defect
Intermediate endocardial cushion defect

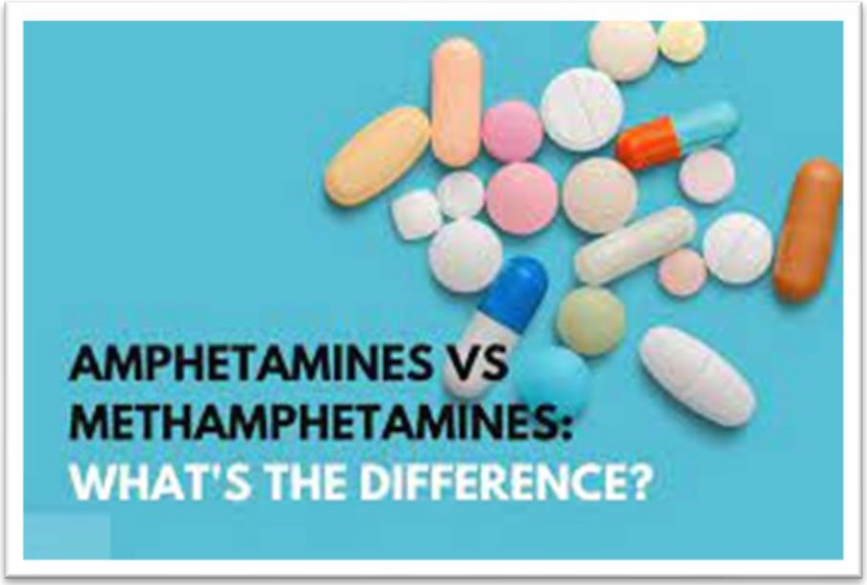
- The lack of specificity under both sub-categories had the following implications:
  - Multiple birth defects captured under same code
  - Conditions have different clinical implications, severity, and treatments
    - i.e. Atrial Septal Defect (ASD) vs. Patent Foramen Ovale (PFO)
  - Passive registries that rely on ICD-10 codes have limited to no means to differentiate between conditions
  - Active registries that use ICD codes to flag records to review are burdened with reviewing numerous records for non-reportable conditions (i.e. PFO)
  - Inability to utilize administrative data for research purposes on specific defects

- New codes have been added through out category S06 (Intracranial Injury) to allow for the concept of loss of consciousness (LOC) of **unknown status**
- Prior to this the choices were no LOC and LOC of unknown duration. Both of which do not accurately describe the scenario when the LOC status is unknown.

CC Status

MCC Status

- New sub-category T43.65- was created to distinguish the poisoning, adverse effect, and underdosing between amphetamines vs. **methamphetamines**.



https://www.thefreedomcenter.com/wp-content/uploads/2021/03/Amphetamines-vs-Methamphetamines.jpg

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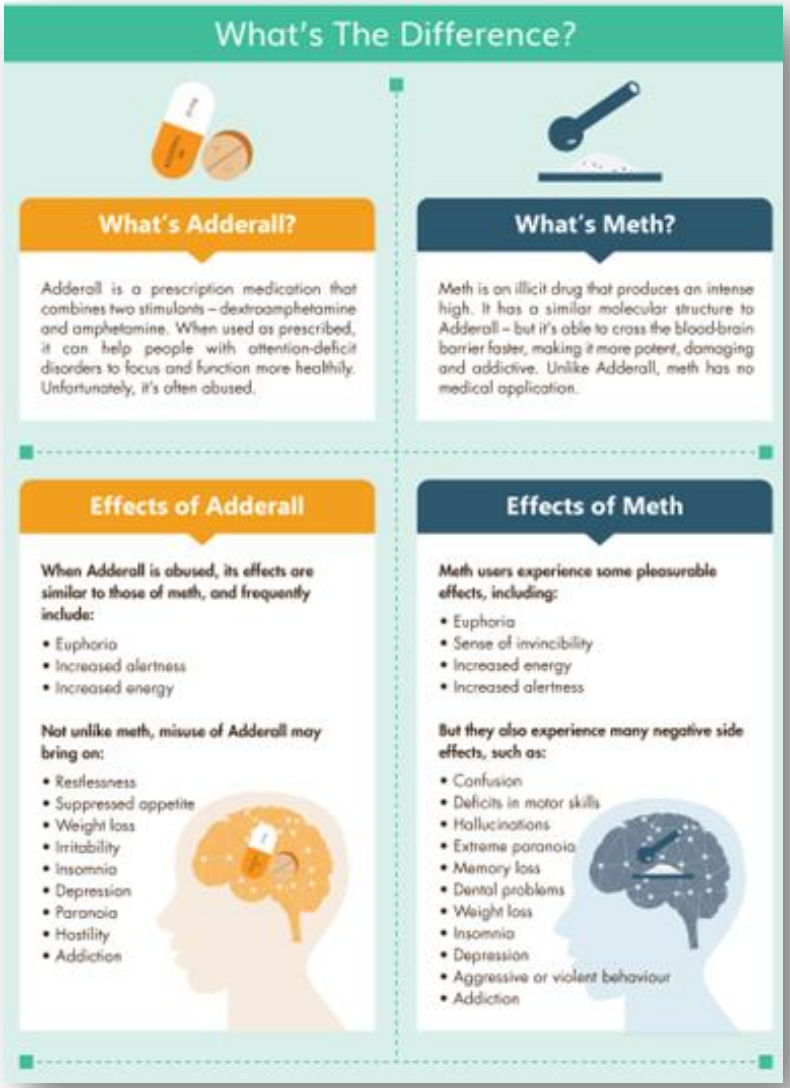
POISONING, ADVERSE EFFECT, AND UNDERDOSING BY METHAMPHETAMINES



https://www.thecabinsydney.com.au/wp-content/uploads/2017/08/Adderall-vs-meth.jpg

- New cause of injury codes were added to V20-V29 to account for Electric Assisted Bicycles
  - Electric bicycles are similar in form to conventional bicycles, with two or three wheels propelled partially or entirely by electric power and equipped with a battery.
  - Previously, ICD-10-CM External Cause of Morbidity codes could not distinguish e-bicycle injuries from those sustained on motorcycles.
  - Given that these forms of transportation are regulated differently, draw significantly different ridership, commonly operate on different parts of the public right of way, and travel at different average speeds, it is imperative that distinct e-bicycle injury codes be adopted to facilitate comprehensive, nation-wide e-bicycle injury surveillance.

- Z59.82 Transportation Insecurity
- Z59.86 Financial Insecurity
- Z59.87 Material Hardship
- Z91.A- Caregiver's non-compliance with patient's medical treatment and regimen
- Z91.110 Patient non-compliance with dietary regimen due to financial hardship
- Z72.823 Risk of suffocation (smothering) under another while sleeping
- Z79.6- Long-Term current use of immunomodulators and immunosuppresants
- Z79.85 Long-Term current use of injectable non-insulin antidiabetic drug*

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ICD-10-CM Official Coding Guideline Changes

https://www.cms.gov/files/document/fy-2023-icd-10-cm-coding-guidelines.pdf

19. Code assignment and Clinical Criteria

The assignment of a diagnosis code is based on the provider's diagnostic statement that the condition exists. The provider's 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. **If there is conflicting medical record documentation, query the provider.**

14. Documentation by Clinicians Other than the Patient's Provider

These exceptions include codes for:

- Body Mass Index (BMI)
- Depth of non-pressure chronic ulcers
- Pressure ulcer stage
- Coma scale
- NIH stroke scale (NIHSS)
- Social determinants of health (SDOH)
- Laterality
- Blood alcohol level
- **Underimmunization status**

16. Documentation of Complications of Care

Code assignment is based on the provider's documentation of the relationship between the condition and the care or procedure, unless otherwise instructed by the classification. The guideline extends to any complications of care, regardless of the chapter the code is located in. It is important to note that not all conditions that occur during or following medical care or surgery are classified as complications. There must be a cause-and-effect relationship between the care provided and the condition, and **the documentation must support that the condition is clinically significant. It is not necessary for the provider to explicitly document the term "complication." For example, if the condition alters the course of the surgery as documented in the operative report, then it would be appropriate to report a complication code.**

Query the provider for clarification **if the documentation is not clear as to the relationship between the condition and the care or procedure.**

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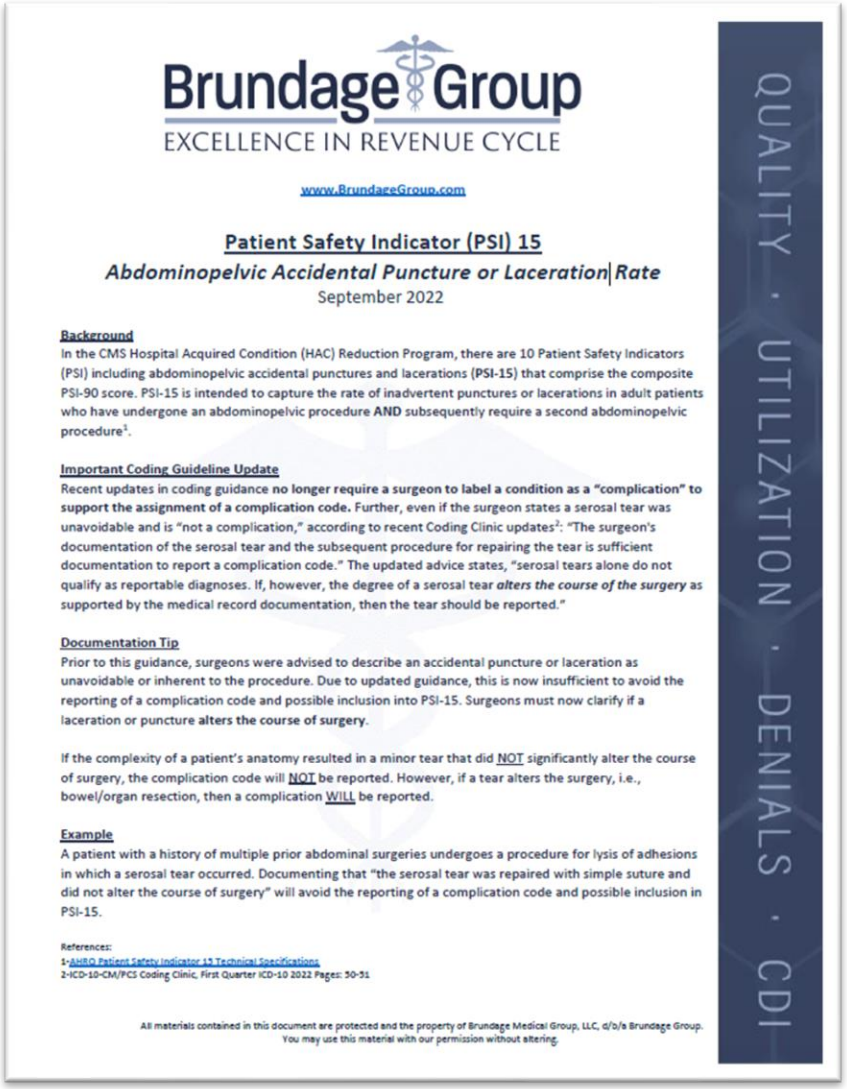
GENERAL CODING GUIDELINE CHANGES: B16 CONT'D



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Patient Safety Indicator (PSI) 15

Abdominopelvic Accidental Puncture or Laceration Rate

September 2022

Background

In the CMS Hospital Acquired Condition (HAC) Reduction Program, there are 10 Patient Safety Indicators (PSI) including abdominopelvic accidental punctures and lacerations (**PSI-15**) that comprise the composite PSI-90 score. PSI-15 is intended to capture the rate of inadvertent punctures or lacerations in adult patients who have undergone an abdominopelvic procedure **AND** subsequently require a second abdominopelvic procedure[1].

Important Coding Guideline Update

Recent updates in coding guidance **no longer require a surgeon to label a condition as a "complication" to support the assignment of a complication code.** Further, even if the surgeon states a serosal tear was unavoidable and is "not a complication," according to recent Coding Clinic updates[2]: "The surgeon's documentation of the serosal tear and the subsequent procedure for repairing the tear is sufficient documentation to report a complication code." The updated advice states, "serosal tears alone do not qualify as reportable diagnoses. If, however, the degree of a serosal tear ***alters the course of the surgery*** as supported by the medical record documentation, then the tear should be reported."

Documentation Tip

Prior to this guidance, surgeons were advised to describe an accidental puncture or laceration as unavoidable or inherent to the procedure. Due to updated guidance, this is now insufficient to avoid the reporting of a complication code and possible inclusion into PSI-15. Surgeons must now clarify if a laceration or puncture **alters the course of surgery**.

If the complexity of a patient's anatomy resulted in a minor tear that did NOT significantly alter the course of surgery, the complication code will NOT be reported. However, if a tear alters the surgery, i.e., bowel/organ resection, then a complication WILL be reported.

Example

A patient with a history of multiple prior abdominal surgeries undergoes a procedure for lysis of adhesions in which a serosal tear occurred. Documenting that "the serosal tear was repaired with simple suture and did not alter the course of surgery" will avoid the reporting of a complication code and possible inclusion in PSI-15.

References:
1-AHRQ Patient Safety Indicator 15 Technical Specifications
2-ICD-10-CM/PCS Coding Clinic, First Quarter ICD-10 2022 Pages: 50-51

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https://brundagegroup.com/tips/patient-safety-indicator-psi-15-2/

2) Selection and sequencing of HIV codes

(a) Patient admitted for HIV-related condition

If a patient is admitted for an HIV-related condition, the principal diagnosis should be B20, Human immunodeficiency virus [HIV] disease followed by additional diagnosis codes for all reported HIV-related conditions.

An exception to this guideline is if the reason for admission is hemolytic-uremic syndrome associated with HIV disease. Assign code D59.31, Infection-associated hemolytic-uremic syndrome, followed by code B20, Human immunodeficiency virus [HIV] disease.

(i) **HIV managed by antiretroviral medication**

If a patient with documented HIV disease, **HIV-related illness or AIDS** is currently managed on antiretroviral medications, assign code B20, Human immunodeficiency virus [HIV] disease. Code Z79.899, Other long term (current) drug therapy, may be assigned as an additional code to identify the long-term (current) use of antiretroviral medications.

9) Hemolytic-uremic syndrome associated with sepsis

If the reason for admission is hemolytic-uremic syndrome that is associated with sepsis, assign code D59.31, Infection-associated hemolytic-uremic syndrome, as the principal diagnosis. Codes for the underlying systemic infection and any other conditions (such as severe sepsis) should be assigned as secondary diagnoses.

a. *Admission/Encounter for treatment of primary site*

If the malignancy **is chiefly responsible for occasioning the patient admission/encounter and treatment is directed at the primary site**, designate the **primary** malignancy as the principal/**first-listed** diagnosis.

The only exception to this guideline is if the administration of chemotherapy, immunotherapy or external beam radiation therapy **is chiefly responsible for occasioning the admission/encounter**. **In that case**, assign the appropriate Z51.-- code as the first-listed or principal diagnosis, and the **underlying** diagnosis or problem for which the service is being performed as a secondary diagnosis.

t. Secondary malignant neoplasm of lymphoid tissue

When a malignant neoplasm of lymphoid tissue metastasizes beyond the lymph nodes, a code from categories C81-C85 with a final character "9" should be assigned identifying "extranodal and solid organ sites" rather than a code for the secondary neoplasm of the affected solid organ. For example, for metastasis of B-cell lymphoma to the lung, brain and left adrenal gland, assign code C83.39, Diffuse large B-cell lymphoma, extranodal and solid organ sites.

d. Dementia

The ICD-10-CM classifies dementia (categories F01, F02, and F03) on the basis of the etiology and severity (unspecified, mild, moderate or severe). Selection of the appropriate severity level requires the provider's clinical judgment and codes should be assigned only on the basis of provider documentation (as defined in the *Official Guidelines for Coding and Reporting*), unless otherwise instructed by the classification. If the documentation does not provide information about the severity of the dementia, assign the appropriate code for unspecified severity.

If a patient is admitted to an inpatient acute care hospital or other inpatient facility setting with dementia at one severity level and it progresses to a higher severity level, assign one code for the highest severity level reported during the stay.

7) Completed weeks of gestation

In ICD-10-CM, "completed" weeks of gestation refers to full weeks. For example, if the provider documents gestation at 39 weeks and 6 days, the code for 39 weeks of gestation should be assigned, as the patient has not yet reached 40 completed weeks.

4) Hemorrhage following elective abortion

For hemorrhage post elective abortion, assign code O04.6, Delayed or excessive hemorrhage following (induced) termination of pregnancy. Do not assign code O72.1, Other immediate postpartum hemorrhage, as this code should not be assigned for post abortion conditions. Do not assign code Z33.2, Encounter for elective termination of pregnancy, when the patient experiences a complication post elective abortion.

(c) **Underdosing**

Underdosing refers to taking less of a medication than is prescribed by a provider or a manufacturer's instruction. Discontinuing the use of a prescribed medication on the patient's own initiative (not directed by the patient's provider) is also classified as an underdosing. For underdosing, assign the code from categories T36-T50 (fifth or sixth character "6").
Documentation of a change in the patient's condition is not required in order to assign an underdosing code.
Documentation that the patient is taking less of a medication than is prescribed or discontinued the prescribed medication is sufficient for code assignment.

Code Z71.87, Encounter for pediatric-to-adult transition counseling, should be assigned when pediatric-to-adult transition counseling is the sole reason for the encounter or when this counseling is provided in addition to other services, such as treatment of a chronic condition. If both transition counseling and treatment of a medical condition are provided during the same encounter, the code(s) for the medical condition(s) treated and code Z71.87 should be assigned, with sequencing depending on the circumstances of the encounter.

17) Social Determinants of Health

Codes describing **problems or risk factors related to** social determinants of health (SDOH) should be assigned when this information is documented. **Assign as many SDOH codes as are necessary to describe all of the problems or risk factors. These codes should be assigned only when the documentation specifies that the patient has an associated problem or risk factor. For example, not every individual living alone would be assigned code Z60.2, Problems related to living alone.**

Other Changes

INDEX CHANGES

Revise from	**Acidosis (lactic) (respiratory)** E87.2
Revise to	**Acidosis (lactic)** E87.20
Revise from	- lactic E87.2
Revise to	- lactic E87.20
Add	- - acute E87.21
Add	- - chronic E87.22
Revise from	- metabolic NEC E87.2
Revise to	- metabolic NEC E87.20
Add	- - acute E87.21
Add	- - chronic E87.22
Revise from	- respiratory E87.2
Revise to	- respiratory E87.29
Add	- - acute J96.02
Add	- - chronic J96.12
Add	- specified NEC E87.29

No Change	**B**
Delete	**Bankruptcy, anxiety concerning** Z59.89
Add	**Bankruptcy (anxiety concerning)** Z59.86
Add	**Bed-sharing, infant** Z72.823
Revise from	**Bullet wound** - see also Wound, open
Revise to	**Bullet wound** - see also Puncture

Add	**Spells, transient oxygen desaturation of newborn (see also Apnea, newborn)** P28.40
Add	- during sleep (see also Apnea, newborn, sleep, primary) P28.30

No Change	**Encephalopathy (acute)** G93.40
Revise from	- hepatic - see Failure, hepatic
Revise to	- hepatic (without coma) K76.82
Delete	- portosystemic - see Failure, hepatic
Add	- portal-systemic K76.82

INDEX CHANGES CONT'D

No Change	**Embolism (multiple) (paradoxical)** I74.9
No Change	- vein (acute) I82.90
Add	- - calf, muscle I82.46-
Add	- - - chronic I82.56-
Add	- - gastrocnemial I82.46-
Add	- - - chronic I82.56-
Add	- - peroneal I82.45-
Add	- - - chronic I82.55-
Add	- - soleal I82.46-
Add	- - - chronic I82.56-

No Change	**E87.2 Acidosis**
Delete	Acidosis NOS
Delete	Lactic acidosis
Delete	Metabolic acidosis
Delete	Respiratory acidosis
Add	**E87.20 Acidosis, unspecified**
Add	Lactic acidosis NOS
Add	**Code also**, if applicable, respiratory failure with hypercapnia (J96. with 5th character 2)
Add	**E87.21 Acute metabolic acidosis**
Add	Acute lactic acidosis
Add	**E87.22 Chronic metabolic acidosis**
Add	Chronic lactic acidosis
Add	**Code first** underlying etiology, if applicable
Add	**E87.29 Other acidosis**
Add	Respiratory acidosis NOS
Add	**Excludes2:** acute respiratory acidosis (J96.02)
Add	chronic respiratory acidosis (J96.12)

TABULAR CHANGES CONT'D

No Change	**J96.02 Acute respiratory failure with hypercapnia**
Add	Acute respiratory acidosis
No Change	**J96.1 Chronic respiratory failure**
No Change	**J96.12 Chronic respiratory failure with hypercapnia**
Add	Chronic respiratory acidosis

TABULAR CHANGES CONT'D

No Change	**K72 Hepatic failure, not elsewhere classified**
Delete	**Includes:** hepatic encephalopathy NOS
No Change	**K76 Other diseases of liver**
No Change	**K76.8 Other specified diseases of liver**
Add	**K76.82 Hepatic encephalopathy**
Add	Hepatic encephalopathy, NOS
Add	Hepatic encephalopathy without coma
Add	Hepatocerebral intoxication
Add	Portal-systemic encephalopathy
Add	**Code also** underlying liver disease, such as:
Add	acute and subacute hepatic failure without coma (K72.00)
Add	alcoholic hepatic failure without coma (K70.40)
Add	chronic hepatic failure without coma (K72.10)
Add	hepatic failure with toxic liver disease without coma (K71.10)
Add	hepatic failure without coma (K72.90)
Add	icterus of newborn (P55-P59)
Add	postprocedural hepatic failure (K91.82)
Add	viral hepatitis without hepatic coma (B15.9, B16.1, B16.9, B17.10, B19.10, B19.20, B19.9)
Add	**Excludes1:** acute and subacute hepatic failure with coma (K72.01)
Add	alcoholic hepatic failure with coma (K70.41)
Add	chronic hepatic failure with coma (K72.11)
Add	hepatic failure with coma (K72.91)

https://thumbs.dreamstime.com/b/cute-cartoon-character-break-time-break-time-take-rest-illustration-coffee-break-mug-sandwich-cupcake-cartoon-185450790.jpg

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ICD-10-PCS Updates

2023 CHANGES SUMMARY

Total 2022 Codes	2023 Deletions	2023 Additions	Total 2023 Codes	Code Description Revisions for 2023
78,229	64	331	78,496	0

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ICD-10-PCS Official Coding Guideline & Definition Changes

https://www.cms.gov/files/document/2023-official-icd-10-pcs-coding-guidelines.pdf

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DETACHMENT PROCEDURES OF EXTREMITIES: B3.19 NEW

The root operation Detachment contains qualifiers that can be used to specify the level where the extremity was amputated. These qualifiers are dependent on the body part value in the "upper extremities" and "lower extremities" body systems. For procedures involving the detachment of all or part of the upper or lower extremities, the procedure is coded to the body part value that describes the site of the detachment.
Example: An amputation at the proximal portion of the shaft of the tibia and fibula is coded to the Lower leg body part value in the body system Anatomical Regions, Lower Extremities, and the qualifier High is used to specify the level where the extremity was detached.

- Complete: Amputation through the carpometacarpal joint of the hand, or through the tarsal-metatarsal joint of the foot.
- Partial: Amputation anywhere along the shaft or head of the metacarpal bone of the hand, or of the metatarsal bone of the foot.

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DETACHMENT PROCEDURES OF EXTREMITIES: B3.19 CONT'D

Body Part	Qualifier	Definition
Upper arm and upper leg	1	High: Amputation at the proximal portion of the shaft of the humerus or femur
	2	Mid: Amputation at the middle portion of the shaft of the humerus or femur
	3	Low: Amputation at the distal portion of the shaft of the humerus or femur
Lower arm and lower leg	1	High: Amputation at the proximal portion of the shaft of the radius/ulna or tibia/fibula
	2	Mid: Amputation at the middle portion of the shaft of the radius/ulna or tibia/fibula
	3	Low: Amputation at the distal portion of the shaft of the radius/ulna or tibia/fibula
Hand and Foot	0	Complete*
	4	Complete 1st Ray
	5	Complete 2nd Ray
	6	Complete 3rd Ray
	7	Complete 4th Ray
	8	Complete 5th Ray
	9	Partial 1st Ray
	B	Partial 2nd Ray
	C	Partial 3rd Ray
	D	Partial 4th Ray
	F	Partial 5th Ray
Thumb, finger, or toe	0	Complete: Amputation at the metacarpophalangeal/metatarsal-phalangeal joint
	1	High: Amputation anywhere along the proximal phalanx
	2	Mid: Amputation through the proximal interphalangeal joint or anywhere along the middle phalanx
	3	Low: Amputation through the distal interphalangeal joint or anywhere along the distal phalanx

BODY PART GUIDELINES: B4.1C REVISION

B4.1c
If a single vascular procedure is performed on a continuous section of an arterial or venous body part, code the body part value corresponding to the anatomically most proximal (closest to the heart) portion of the arterial or venous body part.
Example: A procedure performed on a continuous section of artery from the femoral artery to the external iliac artery with the point of entry at the femoral artery is coded to the external iliac body part. A procedure performed on a continuous section of artery from the femoral artery to the external iliac artery with the point of entry at the external iliac artery is also coded to the external iliac artery body part.

Section 0 Medical and Surgical- New Body Part Definitions	
ICD-10-PCS Value	**Definition**
Internal Iliac Artery, Left Internal Iliac Artery, Right	Prostatic Artery Superior Vesical Artery
Peritoneal Cavity	Abdominal Cavity
Skin, Perineum	Perianal Skin
Superior Vena Cava	Cavoatrial Junction

NEW DEFINITION CHANGES CONT'D

Section 0 medical and Surgical- New Device Definitions	
ICD-10-PCS Value	**Definition**
Interbody Fusion Device in Lower & Upper Joints	*Coalesce[r] radiolucent interbody fusion device *Cohere[r] radiolucent interbody fusion device *nanoLOCK[tm] interbody fusion device Titan Endoskeleton[tm]
Internal Fixation Device, Sustained Compression for Fusion in Lower & Upper Joints	~~DynaNail Mini[r]~~
	~~Dyna Nail[r]~~
	Dyna Clip[r] (Forte)
	DynaNail[r] (Hybrid)(Mini)
Nonautologous Tissue Substitute	*MICRODERM[tm] Bioglogic Wound Matrix
Spinal Stabilization Device, Interspinous Process for Insertion in Lower & Upper Joints	X-Spine Axle Cage

NEW DEFINITION CHANGES CONT'D

Section 3 Administration: Substance Definition Changes	
ICD-10-PCS Value	***Definition***
Hematopoietic Stem/Progenitor Cells, Genetically Modified	~~OTL-103~~ ~~OTL-200~~
Other Substance	*CBMA (Concentrated Bone Marrow Asprirate *Defitelio *Marrow Stim^{tm} PAD Kit for CMBA

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New Codes

LASER INTERSTITIAL THERMAL THERAPY (LITT)

- 222 out of 331 (67%) of the new codes for FY 2023 are related to the addition of the qualifier for Laser Interstitial Thermal Therapy (LITT)
- A new Qualifier for LITT has been added to the root operation destruction tables in the following body systems:
  - Central Nervous System & Cranial Nerves
  - Respiratory System
  - Gastrointestinal System
  - Hepatobiliary System & Pancreas
  - Endocrine System
  - Skin & Breast
  - Male Reproductive System

Section	**0**	Medical and Surgical
Body System	**0**	Central Nervous System and Cranial Nerves
Operation	**5**	Destruction: Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent

Body Part	*Approach*	*Device*	*Qualifier*
0 Brain **W** Cervical Spinal Cord **X** Thoracic Spinal Cord **Y** Lumbar Spinal Cord	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**3** Laser Interstitial Thermal Therapy **Z** No Qualifier

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LASER INTERSTITIAL THERMAL THERAPY (LITT) CONT'D

- Visualase™ and NeuroBlate® are minimally invasive, robotic, laser thermotherapy tools that use MRI-guided surgical ablation technology to deliver light energy to the target area. As the temperature in the target rises, it is observed under real-time MRI imaging. This allows the surgeon precise control and enables maximal tumor reduction without an open neurosurgical procedure.
- 31 codes were deleted from the Radiation section, as the Modality Qualifier "K" for LITT was deleted from this section to allow for expansion in the surgical section.
- LITT has been uniquely identified in ICD-9-CM and ICD-10-PCS for over 10 years.
- However, LITT is misclassified to section D-Radiation Therapy in ICD-10-PCS possibly because, borrowing terminology used for predicate devices, FDA indications have included the phrase "interstitial irradiation or thermal therapy" in describing LITT's method of action. LITT is thermal therapy, destroying soft tissue using heat generated by a laser probe at the target site. The **LITT procedure does not use ionizing radiation**, which is what the term "radiation" commonly refers to in the general medical sense.

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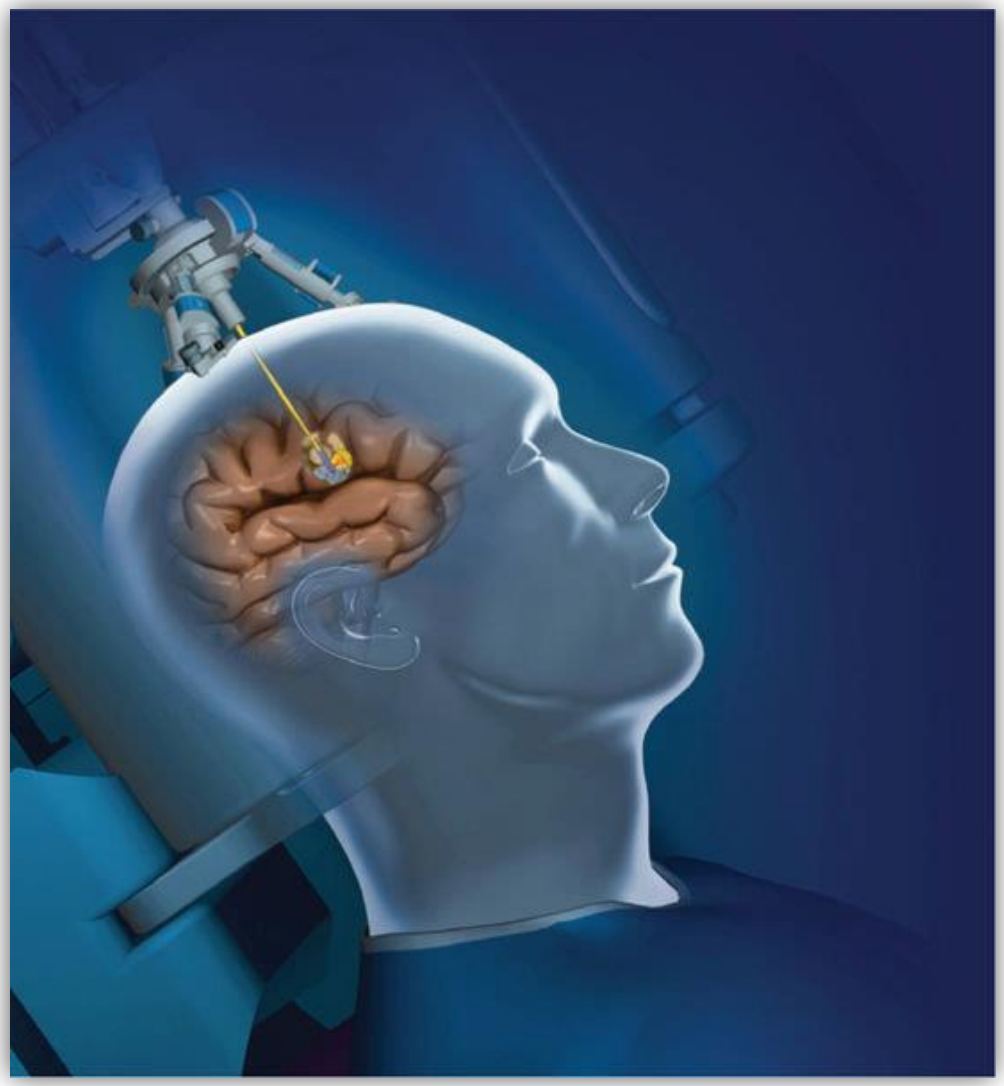
LASER INTERSTITIAL THERMAL THERAPY (LITT) CONT'D



https://www.researchgate.net/profile/Dieter-Haemmerich/publication/318889667/figure/fig1/AS:614995134005249@1523637674735/LITT-therapy-overview-A-laser-fiber-is-introduced-under-imaging-guidance-into-the-tumor.png

- 18 New codes were created with the addition of the of the Qualifiers V & W for right and left prostatic arteries to table 04L, Occlusion of Lower Arteries

Section	**0**	Medical and Surgical
Body System	**4**	Lower Arteries
Operation	**L**	Occlusion: Completely closing an orifice or the lumen of a tubular body part

Body Part	*Approach*	*Device*	*Qualifier*
E Internal Iliac Artery, Right	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**C** Extraluminal Device **D** Intraluminal Device **Z** No Device	**T** Uterine Artery, Right **V** Prostatic Artery, Right **Z** No Qualifier
F Internal Iliac Artery, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**C** Extraluminal Device **D** Intraluminal Device **Z** No Device	**U** Uterine Artery, Left **W** Prostatic Artery, Left **Z** No Qualifier

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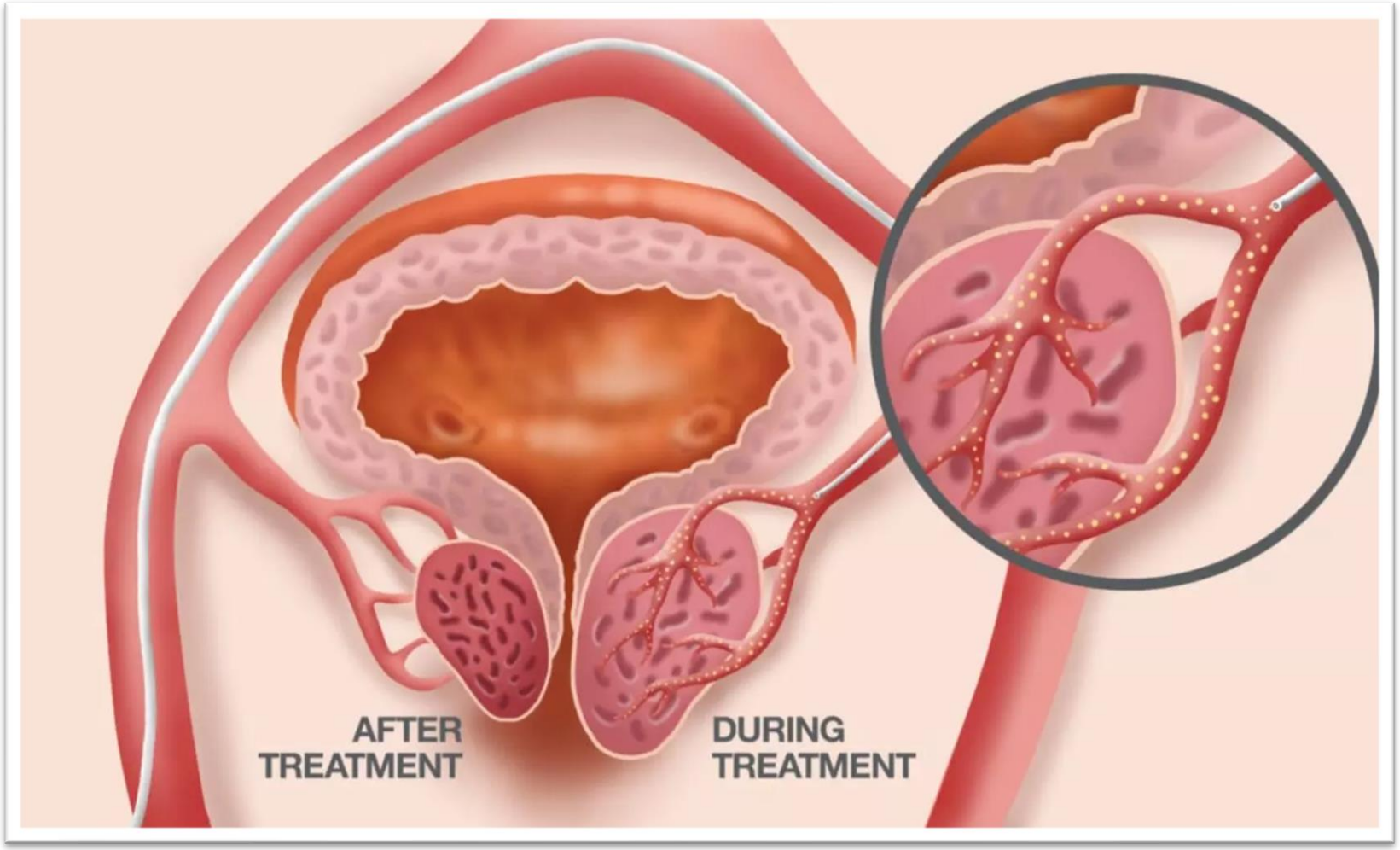
PROSTATIC ARTERY EMBOLIZATION CONT'D



https://medicaldialogues.in/h-upload/2021/07/20/157609-2-cartoon-prostatic-embolisation-performed-with-microparticles-1024x731adobespark.webp

- Body part “C” has been added to table 00D for body part Cerebellum
  - This table was updated last year to include body parts for Brain (“0”) and Cerebral Hemisphere (“7”)
- This allows for the coding of Cerebellar tumor extraction using the Cavitron Ultrasonic Surgical Aspiration (CUSA) device.

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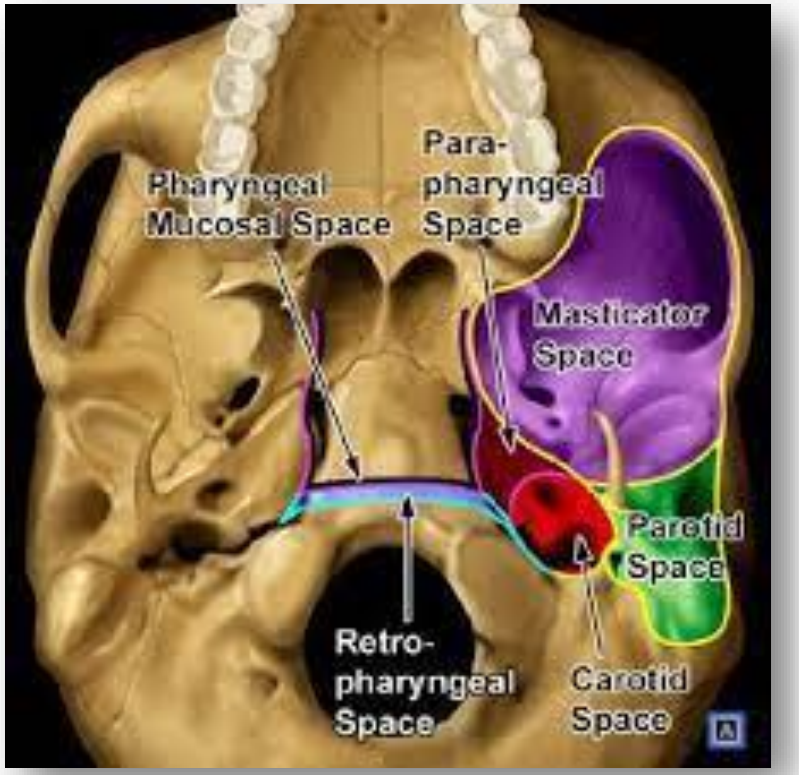
DRAINAGE OF PARA & RETROPHARYNGEAL SPACE

- A new body part (4th character) has been added to able 0W9 (Drainage of Anatomical Regions)
  - “6” Neck; which includes the parapharyngeal and the retropharyngeal space



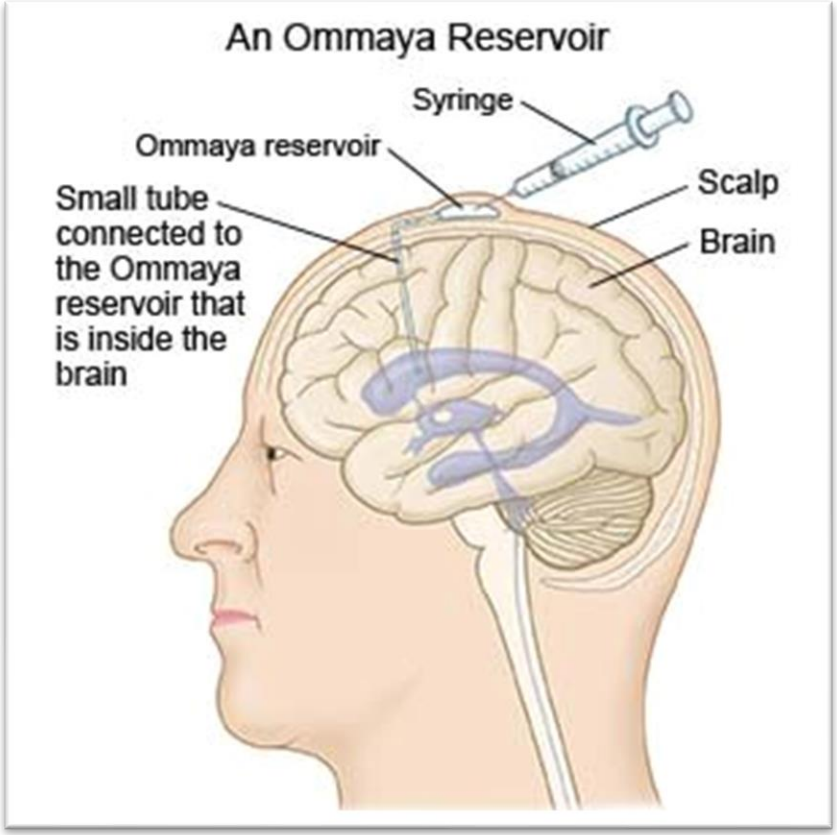
https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcSMIHe8KJic2mflaim5LCBkWFL6wDS0fGj1CMThGq6ayHMtPODpT8HqLlxK_rlhvTZkXnY&usqp=CAU

- In the Head and Facial Bones body system a device value (6th character) of “3” Infusion device has been added to tables 0NP (Removal) and table 0NW (Revision) for body part “0” Skull
  - This will allow for the capture of the removal and revision of a previously inserted Ommaya reservoir.

Section	**0**	Medical and Surgical
Body System	**N**	Head and Facial Bones
Operation	**P**	Removal: Taking out or off a device from a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Skull	**0** Open	**0** Drainage Device **3** Infusion Device **4** Internal Fixation Device **5** External Fixation Device **7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **M** Bone Growth Stimulator **N** Neurostimulator Generator **S** Hearing Device	**Z** No Qualifier

OMMAYA RESERVOIR CONT'D



https://www.drugs.com/cg/images/en3199904.jpg

INTESTINAL TRANSFER PROCEDURES/ISOLATED SEGMENTS OF INTESTINES

- In the Gastrointestinal body system of the Medical and Surgical section, they created new qualifier value B Bladder and add to the root operation Transfer table 0DX for the body part values 8 Small Intestine and E Large Intestine. These changes enable capture of detail for procedures such as bladder augmentation using an isolated segment of small or large intestine that is still connected to its vascular and nervous supply.

Section	**0**	Medical and Surgical
Body System	**D**	Gastrointestinal System
Operation	**X**	Transfer: Moving, without taking out, all or a portion of a body part to another location to take over the function of all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
8 Small Intestine	**0** Open **4** Percutaneous Endoscopic	**Z** No Device	**5** Esophagus **B** Bladder **C** Ureter, Right **D** Ureter, Left **F** Ureters, Bilateral
E Large Intestine	**0** Open **4** Percutaneous Endoscopic	**Z** No Device	**5** Esophagus **7** Vagina **B** Bladder

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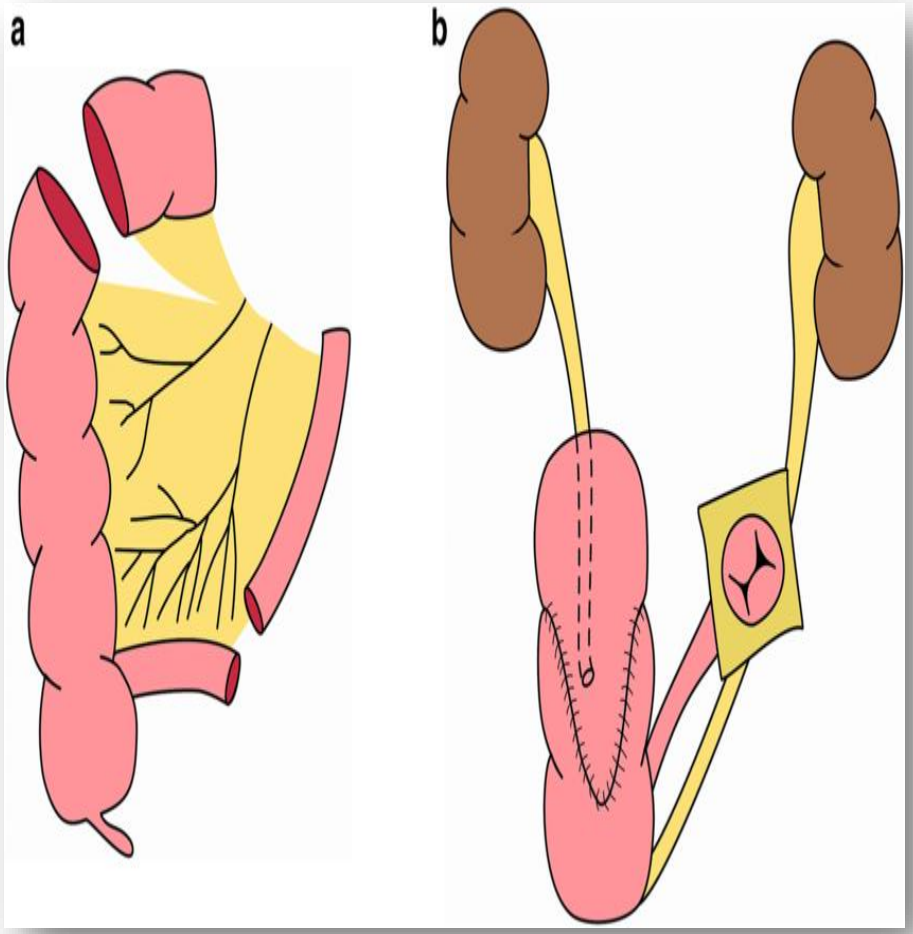
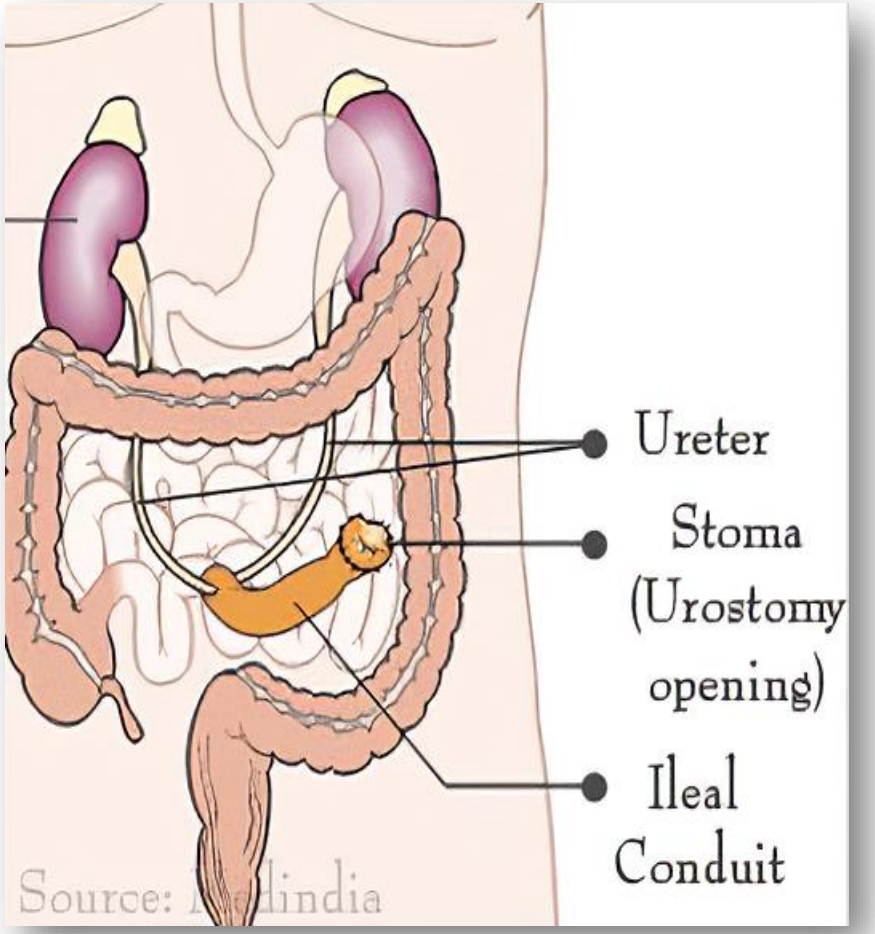
INTESTINAL TRANSFER PROCEDURES/ISOLATED SEGMENTS OF INTESTINES CONT'D

Indiana Pouch



https://www.researchgate.net/publication/335329343/figure/fig2/AS:941412572987441@1601461656898/The-surgical-technique-of-Indiana-pouch-a-Distal-ileum-and-ascending-colon-up-to-hepatic.png

Ileal Conduit



https://images.medindia.net/amp-images/patientinfo/urinary-diversion.jpg

INTESTINAL TRANSFER PROCEDURES/ISOLATED SEGMENTS OF INTESTINES CONT'D

- An isolated segment of intestine is a section of intestine (large or small) that is taken out of continuity while still be connected to vascular and nervous supplies.
  - The remaining intestine is anastomosed
- Isolated segments of the intestine meet the definition of Transfer because the blood supply moves with the segment of intestine.
- This is not a replacement because a device is not used (therefore root operations replacement, supplement, insertion, revision, change, and removal cannot be assigned).

- Table 02R (replacement heart & great vessels) has a new qualifier “N” for Rapid Deployment Technique for aortic valve replacements
- Was previously a new technology X code that has been converted to a “regular” PCS code.

- New qualifier “R” (Other Therapeutic Monoclonal Antibody) has been added to table 3E0 for the administration of MAB for non-neoplastic/non-covid conditions (i.e. Zinplava)
  - 3E033GR
  - 3E043GR

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INTRODUCTION OF BONE-SUBSTITUTE INTO SUBCHONDRAL BONE DEFECT

Section	**3**	Administration
Body System	**E**	Physiological Systems and Anatomical Regions
Operation	**0**	Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	*Approach*	*Substance*	*Qualifier*
V Bones	**0** Open	**G** Other Therapeutic Substance	**B** Recombinant Bone Morphogenetic Protein **C** Other Substance
V Bones	**4** Percutaneous Endoscopic	**G** Other Therapeutic Substance	**C** Other Substance

- This change will allow for the introduction of calcium phosphate into subchondral bone defects

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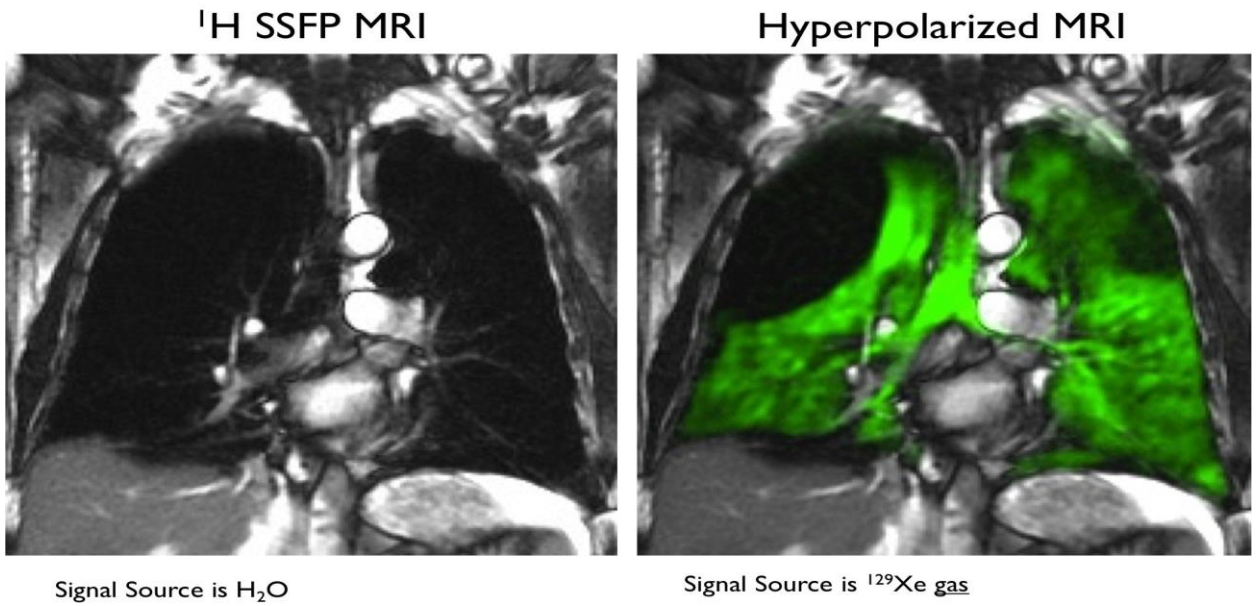
HYPERPOLARIZED XENON-129 GAS FOR IMAGING OF LUNG FUNCTION

- XENOVIEW™ lung MRI provides an ionizing-radiation-free method to image pulmonary structure and function. With the inhalation of an inert noble gas over a 10-second duration, the radiologist can visualize multiple 3-D slices and quantify abnormalities in ventilation, barrier uptake, and red blood cell transfer. (Not FDA Approved)
  - BB34Z3Z



https://sites.duke.edu/driehuyslab/files/2016/04/structurefuntion.jpg

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CARDIAC PERFUSION WITH INTRA-ARTERIAL SUPERSATURATED OXYGEN (SSO2)

- SSO2 therapy is performed to reduce infarct size after successful PCI/stenting in STEMI patients.
- SSO2 therapy works by perfusing supersaturated oxygen into myocardial microvasculature and endothelial tissue to relieve swelling and restore blood flow. The reduction in infarct size is intended to improve myocardial function and reduce short- and long-term complications, including heart failure and mortality.

Section	**5** Extracorporeal or Systemic Assistance and Performance
Body System	**A** Physiological Systems
Operation	**0** Assistance: Taking over a portion of a physiological function by extracorporeal means

Body System	*Duration*	*Function*	*Qualifier*
2 Cardiac	**1** Intermittent **2** Continuous	**1** Output	**0** Balloon Pump **5** Pulsatile Compression **6** Other Pump **D** Impeller Pump
5 Circulatory	**1** Intermittent **2** Continuous	**2** Oxygenation	**1** Hyperbaric **DELETE C** Supersaturated
ADD 2 Cardiac	**2** Continuous	**2** Oxygenation	**C** Supersaturated

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New Technology Codes

- Seven **new** tables were added to the new technology section:
  - X0H Nervous System, Insertion
  - X0Z Nervous System, Other Procedure
  - XF5 Hepatobiliary System and Pancreas, Destruction
  - XKU Muscles, Tendons, Bursae, & Ligaments, Supplement
  - XNH Bones, Insertion
  - XRH Joints, Insertion
  - XRR Joints, Replacement
- One table was **deleted** from the new technology section:
  - XK0 Muscles, Tendons, Bursae, & Ligaments, Introduction

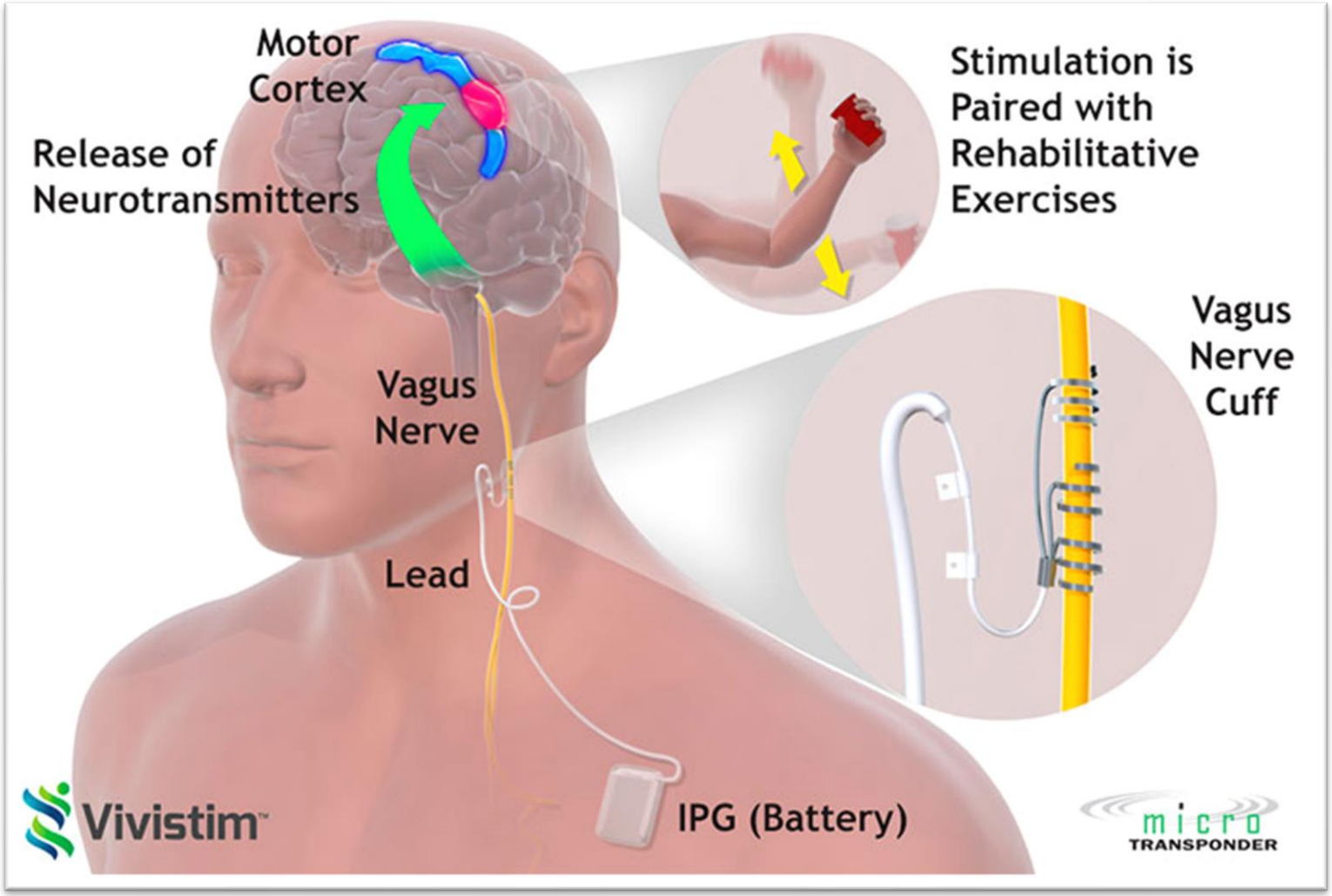
NEW TABLE X0H: NERVOUS SYSTEM, INSERTION

- Sphenopalantine Ganglion Neurostimulator insertion: X0HK3Q8
- Ischemic Stroke System (ISS500)
- Currently in Premarket Approval (PMA) process by FDA
- The ISS500 is intended to increase cerebral blood flow and **reduce disability** in adult patients with acute ischemic stroke with confirmed cortical involvement in the anterior circulation who are ineligible or have no access to intravenous tissue-type plasminogen activator (IV-tPA) and endovascular thrombectomy.
- Treatment with ISS500 is to be initiated between 8 and 24 hours from stroke onset.
- The role of the treatment subsystem is to deliver the stimulation to the patient 4 hours per day, over 5 days, at the correct personalized level of stimulation that is titrated based on patients' comfortable tolerance amounts during treatment.

- Insertion of vagus nerve neurostimulator with paired stimulation system X0HQ3R8
- The Vivistim® Paired VNS System is intended to be used to stimulate the vagus nerve during rehabilitation therapy to reduce upper extremity motor deficits and improve motor function in **chronic ischemic stroke** patients with moderate to severe arm impairment.

NTAP $23,400

NEW TABLE X0H: NERVOUS SYSTEM, INSERTION



https://mdnews.com/sites/default/files/media/vivistimstroketherapy750.jpg

- Computer-assisted Transcranial Magnetic Stimulation X0Z0X18
- Magnus Neuromodulation System
- FDA Breakthrough Device Designation
- Non-invasive, inpatient treatment, for treatment resistant Major Depressive Disorder

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NEW TABLE X0Z: OTHER PROCEDURES-NERVOUS SYSTEM

https://www.medicaldevice-network.com/wp-content/uploads/sites/23/2022/09/Image-1-Magnus-Medicals-SAINT-Neuromodulation-System_Burlingame_California_US.jpg

- Table X2A has been updated for the assignment of a code to reflect a code for the new PiSCO Impulse System in the coronary sinus for the treatment of STEMI
- X2A7358
- **P**ressure-controlled **i**ntermittent **C**oronary **S**inus **O**cclusion (PiCSO) is a percutaneous coronary intervention currently performed as an adjunct to coronary artery stenting during treatment of AMI.
- The PiCSO catheter continues its cycle of inflation and deflation in the coronary sinus concurrently with stent deployment and for a period afterward, usually totaling between 20 and 90 minutes with an average duration of 30 minutes.
- Placement of the stent maintains the patency of the large coronary artery after the obstruction is opened. Concurrent PiCSO balloon inflation and deflation within the coronary sinus has two effects in the microcirculation: it reduces infarct size and improves circulation within the heart muscle tissue.

https://s3.amazonaws.com/HMP/hmp_ln/imported/10%20pg42_Fig%202.png

- Histotripsy of liver for hepatocellular carcinoma (HCC) XF5[0,1,2]X08
- Histotripsy of the liver is an automated external beam therapy that mechanically destroys targeted tissue without incisions, ionizing radiation or heat, through the precise targeting of acoustic cavitation using an image-guided device designed for the local treatment of focal liver tumors.
- May see documentation of HistoSonics System

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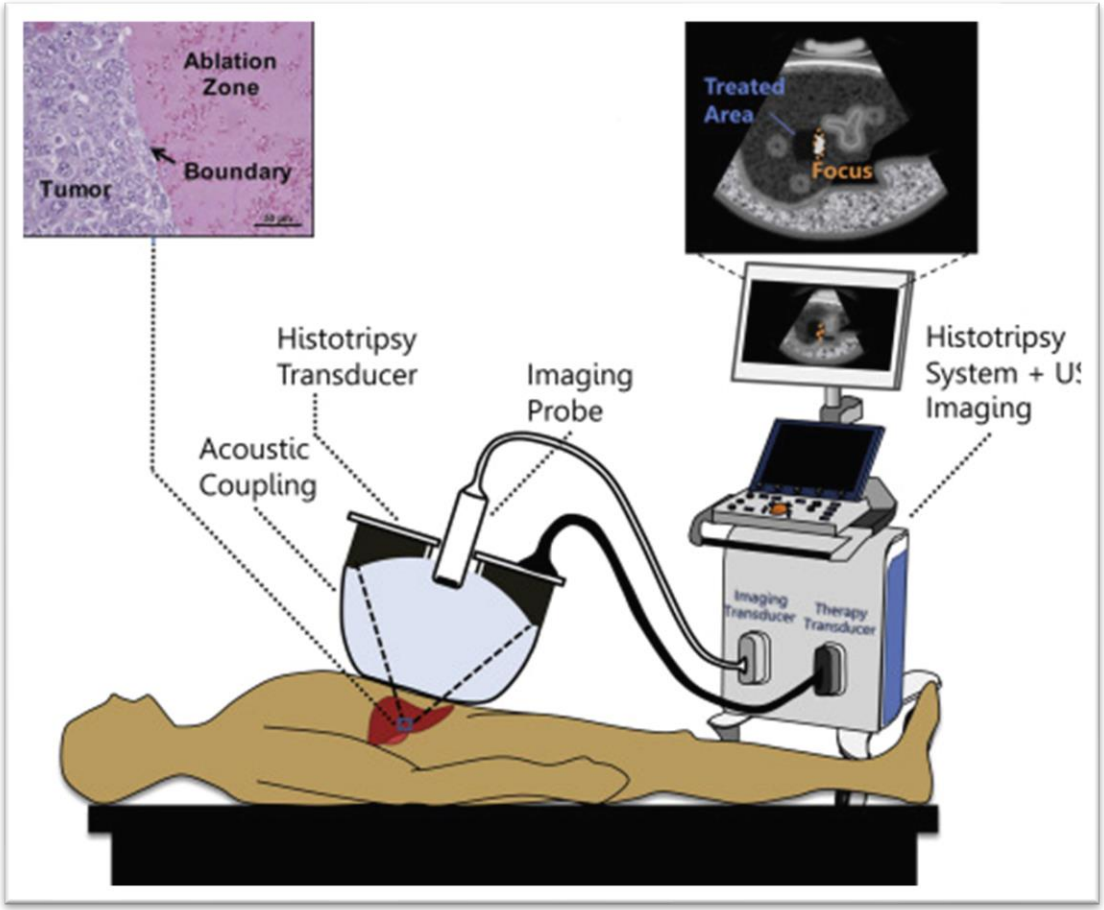
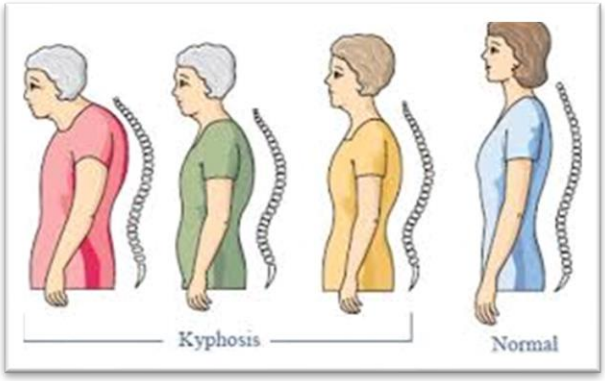
NEW TABLE XF5: HEPATOBILIARY & PANCREAS SYSTEM DESTRUCTION



https://els-jbs-prod-cdn.jbs.elsevierhealth.com/cms/attachment/8954f678-ac35-4c67-90b5-076d77d38121/gr1.jpg

- LigaPASS 2.0™ PJK Prevention System (proximal junctional kyphosis) Posterior Vertebral Tether XKU[C,D]068
- Proximal junctional kyphosis (PJK) is a well-recognized complication in patients undergoing posterior instrumented fusion for spinal deformity. It is characterized by abnormal kyphosis immediately above the uppermost instrumented vertebrae (UIV).



https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcTbpHJJwTcVkEfdHF3gUnWq2nL2T0353Rtxhw&usqp=CAU

This is not the same as vertebral body tethering that happens on the anterior part of the vertebra for scoliosis.

This tether has a holder that is threaded onto the posterior rods that are placed with posterior spinal fusion.

This tether can be added during a spinal fusion surgery, or it can be added later as a separate procedure, using the existing rods.

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NEW TABLE XNH: INSERTION OF INTERNAL FIXATION DEVICE WITH TULIP CONNECTOR

- Used for the insertion of a fenestrated sacropelvic fixation system XNH[6,7][0,3]58
- Treats acute and chronic instabilities of the thoracic, lumbar and sacral spine.
- The iFuse Bedrock™ Granite implant is a sterile, single-use permanent implant that combines features of a porous fusion device and the threaded length and posterior rod connection features of a typical pedicle fixation screw.
- Joint fusion occurs as a result of the device's porous surface and interstices. Fixation occurs through the device's helical threaded design and traditional posterior fixation rod connection.
- The device can be placed into the pelvis in two trajectories: sacroalar-iliac trajectory (i.e., into the sacrum, across the SI joint and into the ilium) or directly into the ilium.
- Joint fusion occurs only when the SAI trajectory is used.

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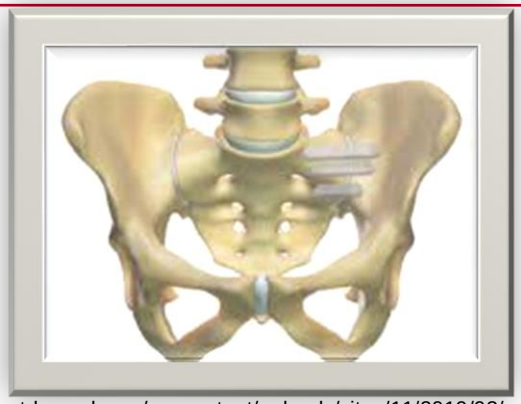
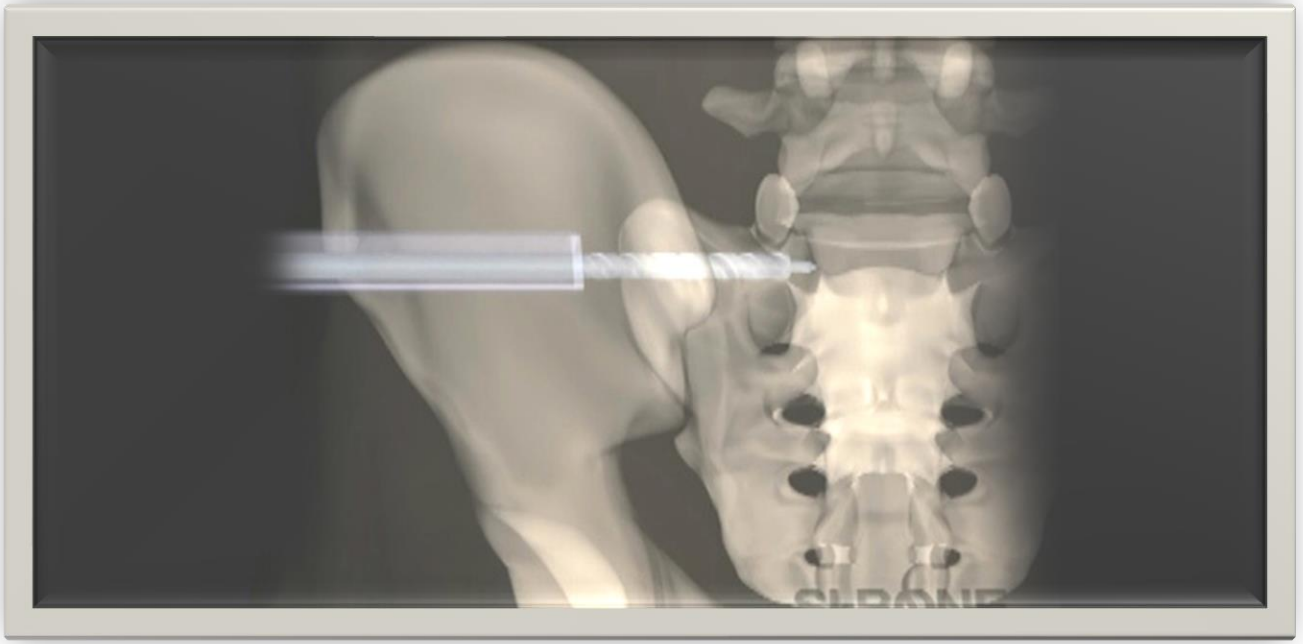
NEW TABLE XNH: INSERTION OF INTERNAL FIXATION DEVICE WITH TULIP CONNECTOR

https://www.nsmedicaldevices.com/wp-content/uploads/sites/2/2022/06/si-bone-740x520.jpg



https://2gqxdz37ufsd58kadactjhkf-wpengine.netdna-ssl.com/wp-content/uploads/sites/11/2019/03/pelvis-ifuse-placement-238x178.jpg

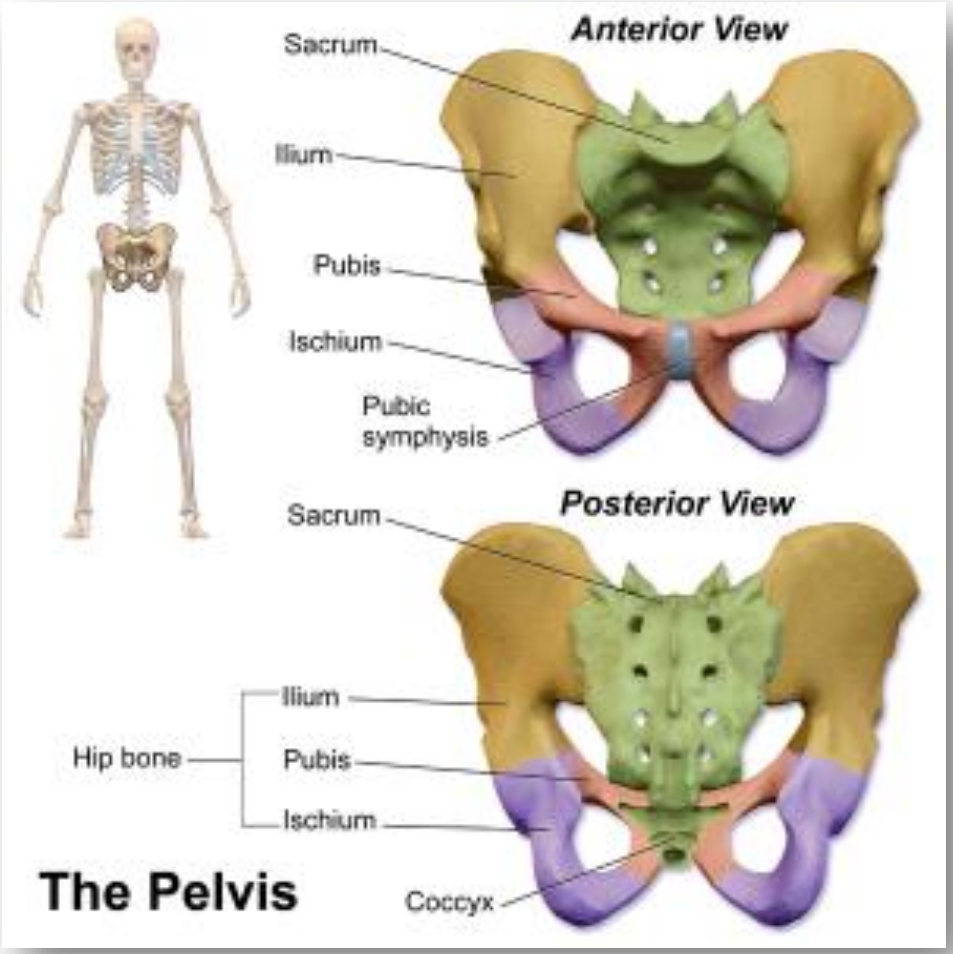


https://ryortho.com/wp-content/uploads/2019/05/SIBone_InstallingiFuse_WEB.jpg

- New body parts and device was added to table XRG New Technology Joint Fusions
- Sacroiliac Joint Fusion using the internal fixation device with tulip connector
- 0RG[E,F][0,3]58

Section	**X**	New Technology
Body System	**R**	Joints
Operation	**G**	Fusion: Joining together portions of an articular body part rendering the articular body part immobile

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
E Sacroiliac Joint, Right **F** Sacroiliac Joint, Left	**0** Open **3** Percutaneous	**5** Internal Fixation Device with Tulip Connector	**8** New Technology Group 8



https://www.physio-pedia.com/images/thumb/e/ea/Pelvis_anterior_and_posterior%2C_segments_highlighted.png/300px-Pelvis_anterior_and_posterior%2C_segments_highlighted.png

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IFUSE BEDROCK GRANITE IMPLANT SYSTEM

ICD-10-PCS	Description
XNH6058	Insertion of internal fixation device with tulip connector into right pelvic bone, open approach, new technology group 8
XNH6358	Insertion of internal fixation device with tulip connector into right pelvic bone, percutaneous approach, new technology group 8
XNH7058	Insertion of internal fixation device with tulip connector into left pelvic bone, open approach, new technology group 8
XNH7358	Insertion of internal fixation device with tulip connector into left pelvic bone, percutaneous approach, new technology group 8
XRGE058	Fusion of right sacroiliac joint using internal fixation device with tulip connector, open approach, new technology group 8
XRGE358	Fusion of right sacroiliac joint using internal fixation device with tulip connector, percutaneous approach, new technology group 8
XRGF058	Fusion of left sacroiliac joint using internal fixation device with tulip connector, open approach, new technology group 8
XRGF358	Fusion of left sacroiliac joint using internal fixation device with tulip connector, percutaneous approach, new technology group 8

NTAP $9,828

NEW TABLE XRH: INSERTION LUMBAR/LUMBOSACRAL JOINT

- New table XRH to allow for the insertion of a Posterior Spinal Motion Preservation Device into the lumbar and/or lumbosacral vertebrae.
- XRH[B,D]018
- According to the requestor, the TOPS™ System offers an alternative to spinal fusion surgery for patients, addressing two critical functions of the spine; maintaining stability and preserving motion.
- Used to treat neurogenic claudication from degenerative spondylolisthesis with moderate to severe lumbar spinal stenosis.

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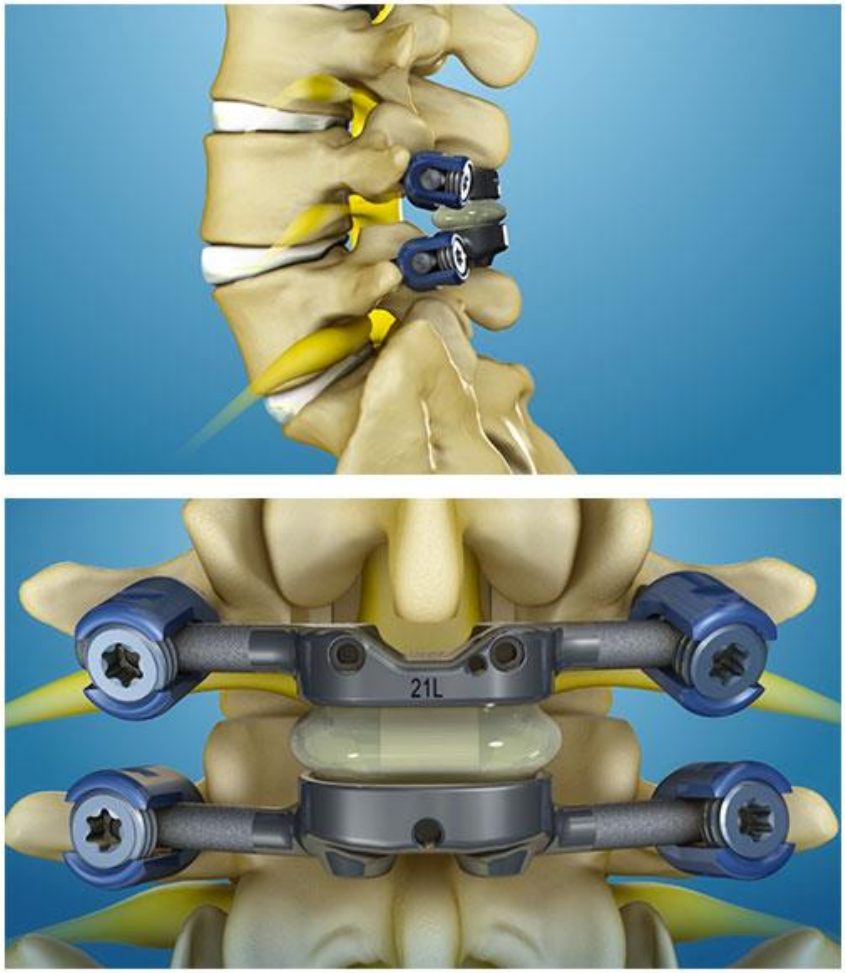
NEW TABLE XRH: INSERTION LUMBAR/LUMBOSACRAL JOINT



https://www.lindaremedical.co.uk/wp-content/uploads/2018/03/Spinal-Stenosis-Treatment-TOPS-System.jpg

NEW TABLE XRR: KNEE JOINT REPLACEMENT LATERAL/MEDIAL MENISCUS

- New table XRR was made to allow for code assignment of the NUsurface® Meniscus Implant
- XRR[G,H]0[L,M]8
- Indicated for mild or greater symptomatic medial compartment knee pain caused by a dysfunctional medial meniscus either related to a previous medial meniscus surgery and/or a clinically significant medial meniscal tear, as determined by patient history, diagnostic imaging, and/or validated knee pain measurement tool.

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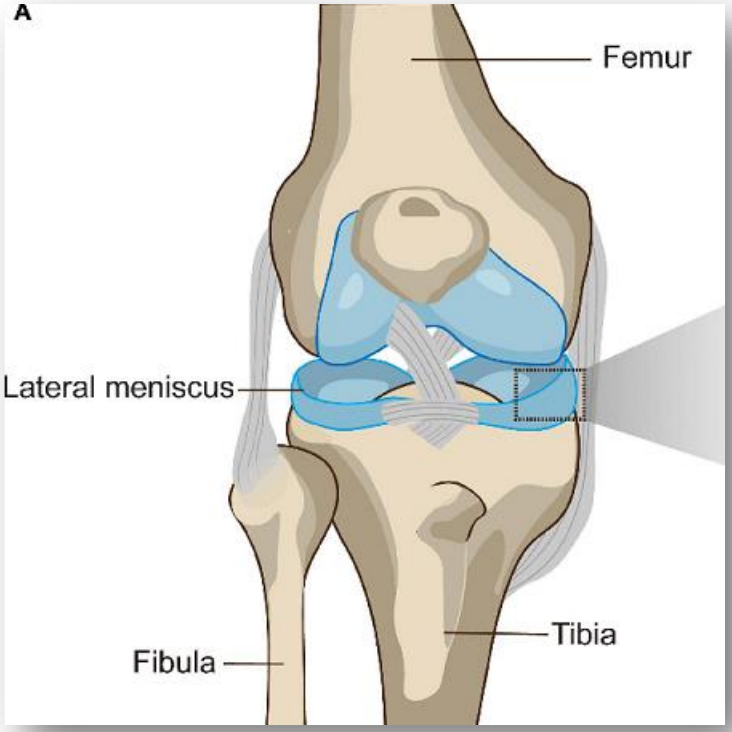
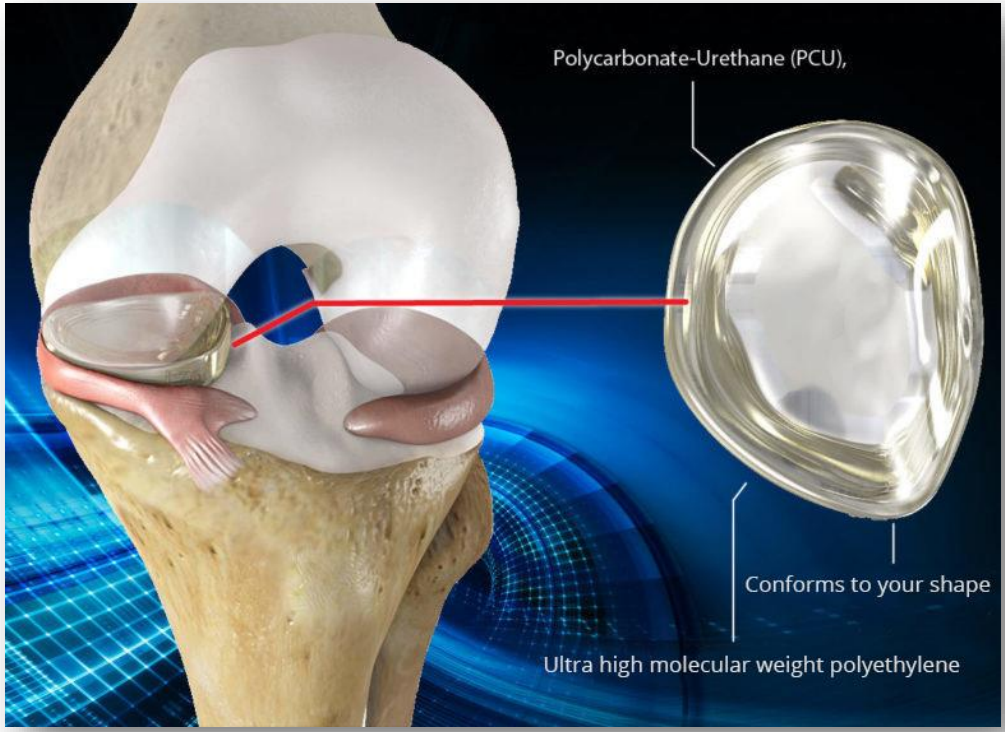
NEW TABLE XRR: KNEE JOINT REPLACEMENT LATERAL/MEDIAL MENISCUS



https://www.frontiersin.org/files/Articles/661802/fcell-09-661802-HTML/image_m/fcell-09-661802-g001.jpg



https://activeimplants.eu/wp-content/uploads/2019/11/NuSurface-Specs-V1-e1508391949235.jpg

- Table XY0 for Extracorporeal Introduction has been updated to allow for the coding of DefenCath™
- XY0YX28

NTAP $4,387.50

- A proprietary formulation of taurolidine, athiadiazinane antimicrobial, and heparin, an anti-coagulant, that is under development for use as **catheter lock solution**, with the aim of reducing the risk of catheter-related bloodstream infections (CRBI) from in-dwelling catheters in patients undergoing hemodialysis (HD) through a central venous catheter (CVC)

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NEW TECHNOLOGY SOFTWARES, AI, AND LAB TESTS

PROCEDURE	MANUFACTURER	INDICATION & OTHER INFO	ICD-10-PCS NEW TECH CODE	FY 23 NTAP PAYMENT
Use of Nelli®software to aid in the detection and classification of epileptic events	Neuro Event Labs	Nelli® is a smart solution for seizure detection and monitoring which enables the capture of patient behavior Uses video & audio capture to characterize motor seizure semiology Consists of a small patient AV recording unit, a cloud-based server and an online user interface Easy to use -does not require wearables or any special equipment Provides the benefits associated with AI (fast, automated) Can be used in conjunction with video EEG monitoring in all hospital settings (EMU, neuro ICU, general ward).	XXE0X48	-
QFR® analysis of coronary angiography.	Qangio XA®	Addresses limitations with Fractional flow reserve (FFR): Image based Non-invasive Does not require a pressure wire Accurate More Efficient Less exposure to ionizing radiation compared to FFR	XXE3X58	-
Use of TAVI™ simulation software for assessment of coronary obstruction risk. Continue coding the CT angiogram as listed in current coding	Simbionix	Precision TAVI™ Coronary Obstruction Module utilizes intelligent decision support that may assist physicians in the evaluation of patients with severe aortic stenosis who are being considered for surgical replacement versus transcatheter replacement	XXE3X68	-
SeptiCyte® RAPID molecular analysis of a blood specimen	Immunexpress Inc.	SeptiCyte® RAPID is used in conjunction with clinical assessments, vital signs and laboratory findings as an aid to differentiate infection-positive (sepsis) from infection-negative systemic inflammation in patients suspected of sepsis on their first day of ICU admission.	XXE5X38	-

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NEW TECHNOLOGY INFUSION/TRANSFUSION

PROCEDURE	MANUFACTURER	INDICATION & OTHER INFO	ICD-10-PCS NEW TECH CODE	FY 23 NTAP PAYMENT
Subcutaneous injection of daratumumab and hyaluronidase-fihj (**DARZALEX FASPRO®**)	Janssen Biotech, Inc.	Newly Light chain (AL) amyloidosis, multiple myeloma (MM), from newly diagnosed MM to relapsed/refractory MM	XW01318	**5,159.41**
Oral or enteral administration of marabivir (**LIVTENCITY™**) anti-infective	Takeda Pharmaceuticals USA, Inc.	Post-transplant recipients with cytomegalovirus (CMV) infection in those resistant/refractory to prior anti-CMV treatment And clinically significant CMV viremia and disease in at-risk patients	XW0DX38 XW0G738 XW0H738	**32,500.00**
Administration of RBX2660, Broad Consortium Microbiota-Based Live Biotherapeutic Suspension	-	Alternative to standard-of-care antibiotic pharmacotherapy and alternative treatments for initial and recurrent episodes of CDI have limitations. RBX2660, administered rectally, is a nonantibiotic, live biotherapeutic intended to reduce the recurrence of CDI.	XW0H7X8	-
Subcutaneous injection of **TECVAYLI** (teclistamab)	Janssen Pharmaceutical	Treatment in adults with measurable multiple myeloma that is relapsed or refractory to established multiple myeloma therapies	XW01348	-
Intramuscular application of allogeneic thymus derived tissue (RETHYMIC)	Enzyvant Therapeuticx	Congenital athymia	XW020D8	-
Intravenous administration of **SPEVIGO** (spesolimab)	Boehringer Ingelheim	Generalize pustular psoriasis	XW03308 XW04308	-
Intravenous administration of **LUNSUMIO** (mosunetuzumab)	Genentech	Relapsed or refractory follicular lymphoma (R/R FL) who have received at at least 2 prior systemic therapies	XW03358 XW04358	-

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NEW TECHNOLOGY INFUSION/TRANSFUSION CONT'D

PROCEDURE	MANUFACTURER	INDICATION & OTHER INFO	ICD-10-PCS NEW TECH CODE	FY 23 NTAP PAYMENT
Intravenous administration of afamitresgene autoleucel (AFAMI-CEL)		Synovial sarcoma (SyS) and myxoid round cell liposarcoma	XW03368 XW04368	-
Intravenous administration of tabelecleucel (TAB-CEL)	Atara Biotherapeutics	Rituximab-refractory Epstein-Barr virus-associated lymphoproliferative disorders (EBV-LPD)	XW03378 XW04378	-
Intravenous administration of **TRECONDI** (treosulfan)	Medac GmbH	(1) use in combination with fludarabine as a preparative regimen for allogenic hematopoietic stem cell transplantation (alloHSCT) in adult and pediatric patients older than one year with acute myeloid leukemia (AML); and (2) use in combination with fludarabine as a preparative regimen for allogeneic hematopoietic stem cell transplantation in adult and pediatric patients older than one year with myelodysplastic syndrome (MDS).	XW03388 XW04388	-
Intravenous administration of **UPLIZNA** (Inebilizumab-cdon)	Horizon Therapeutics	Neuromyelitis Optica Spectrum Disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) positive	XW03398 XW04398	-

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NEW TECHNOLOGY INFUSION/TRANSFUSION CONT'D

PROCEDURE	MANUFACTURER	INDICATION & OTHER INFO	ICD-10-PCS NEW TECH CODE	FY 23 NTAP PAYMENT
Intravenous administration of **ZYNTEGLO** (betibeglogene autotemcel (beti-cel))	Bluebird Bio.	Beti-cel is a one-time gene addition therapy for patients with transfusion-dependent β-thalassemia	XW133B8 XW143B8	-
Intravenous administration of omidubicel	Gamida Cell	1)For enhancement of cell engraftment and immune reconstitution in patients receiving HSCT and 2) for improvement of neutrophil engraftment in patients receiving umbilical cord blood transplantation for hematological malignancies.	XW133C8 XW143C8	-
Intravenous administration of OTL-103 and OTL-200	Orchard Therapeutics	Metachromatic leukodystrophy (MLD) is a rare and life-threatening inherited disease of the body's metabolic system occurring in approximately one in every 100,000 live births, characterized by severe motor and cognitive impairment.	XW133F8 XW143F8 XW133G8 XW143G8	-

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Inpatient Prospective Payment System Update (IPPS)

- There were no MS-DRG updates for this year (v40).
  - This means that ICD-10 codes were added or deleted but the grouping did not update.
- Operating payments to to increase by 4.3%
  - This is the highest market basket update in the last 25 years and is primarily due to higher expected growth in compensation prices for hospital workers.
  - Under the LTCH PPS, payments in FY 2023 increase by approximately 2.4%
- To address health care disparities in hospital inpatient care and beyond, CMS is adopting three health equity-focused measures in the IQR Program.

- The first measure assesses a hospital's commitment to establishing a culture of equity and delivering more equitable health care by capturing concrete activities across five key domains:
  - strategic planning,
  - data collection,
  - data analysis,
  - quality improvement, and
  - leadership engagement

https://www.cms.gov/newsroom/press-releases/new-cms-rule-increases-payments-acute-care-hospitals-and-advances-health-equity-maternal-health

- The second and third measures capture screening and identification of patient-level, health-related social needs such as:
  - food insecurity,
  - housing instability,
  - transportation needs,
  - utility difficulties,
  - interpersonal safety
- By screening for and identifying such unmet needs, hospitals will be in a better position to serve patients holistically by addressing and monitoring what are often key contributors to poor physical and mental health outcomes.

New NTAP

Technology	Maximum Add-on Payment	ICD-10-CM/PCS Codes Used to Identify Cases Eligible for NTAP	Alternative Pathways Status
DefenCath™	$4,387.50	XY0YX28	QIDP
Carvykti™ (ciltacabtagene autoleucel)	$289,532.75	XW033A7 or XW043A7	
DARZALEX FASPRO®	$5,159.41	XW01318 **in combination with** E85.81	
Livtencity™ (maribavir)	$32,500.00	XW0DX38 or XW0G738 or XW0H738	
Hemolung Respiratory Assist System (RAS)	$6,500.00	5A0920Z	
Cerament® G	$4,918.55	XW0V0P7	Breakthrough Device
GORE® TAG® Thoracic Branch Endoprosthesis	$27,807.00	02VW3DZ **in combination with** 02VX3EZ	Breakthrough Device
iFuse Bedrock Granite Implant System	$9,828.00	XNH6058, XNH6358, XNH7058, XNH7358, XRGE058, XRGE358, XRGF058, or XRGF358	Breakthrough Device
Thoraflex™ Hybrid Device	$22,750.00	X2RX0N7 **in combination with** X2VW0N7	Breakthrough Device
ViviStim® Paired VNS System	$23,400.00	X0HQ3R8	Breakthrough Device

Continued NTAP

Technology	Maximum Add-on Payment	ICD-10-CM/PCS Coding Used to Identify Cases Eligible for NTAP	Alternative Pathways Status
aScope™ duodeno	$1,296.75	XFJB8A7 or XFJD8A7	Breakthrough Device
aprevo®	$40,950.00	XRGA0R7, XRGA3R7, XRGA4R7, XRGB0R7, XRGB3R7, XRGB4R7, XRGC0R7, XRGC3R7, XRGC4R7, XRGD0R7, XRGD3R7, or XRGD4R7	Breakthrough Device
Caption Guidance	$1,868.10	X2JAX47	Breakthrough Device
Fetroja® (cefiderocol) (HABP/VABP)	$8,579.84	XW033A6 or XW043A6 **in combination with** Y95 and one of the following: J14, J15.0, J15.1, J15.5, J15.6, J15.8 OR XW033A6 or XW043A6 **in combination with** J95.851 and one of the following: B96.1, B96.20, B96.21, B96.22, B96.23, B96.29, B96.3, B96.5, B96.89	QIDP
HARMONY™ TPV	$26,975.00	02RH38M	Breakthrough Device
Intercept® Fibrinogen Complex (PRCFC)	$2,535.00	30233D1 or 30243D1 **in combination with** one of the following: D62, D65, D68.2, D68.4, or D68.9	Breakthrough Device
RECARBRIO™ (HABP/VABP)	$9,576.51	XW033U5 or XW043U5 **in combination with** Y95 and one of the following: J14, J15.0, J15.1, J15.5, J15.6, or J15.8 OR XW033U5 or XW043U5 **in combination with** J95.851 and one of the following: B96.1, B96.20, B96.21, B96.22, B96.23, B96.29, B96.3, B96.5, B96.89	QIDP

Continued NTAP

Technology	Maximum Add-on Payment	ICD-10-CM/PCS Coding Used to Identify Cases Eligible for NTAP	Alternative Pathways Status
Shockwave Coronary IVL	$3,666.00	02F03ZZ or 02F13ZZ or 02F23ZZ or 02F33ZZ	Breakthrough Device
Rybrevant® (amivantamab)	$6,405.89	XW033B7 or XW043B7	
Abecma® (idecabtagene vicleucel)	$289,532.75	XW033K7 or XW043K7	
StrataGraft®	$44,200.00	XHRPXF7	
Tecartus® (brexucabtagene autoleucel)	$259,350.00	XW033M7 or XW043M7	
Cosela™(trilaciclib)	$5,612.10	XW03377 or XW04377	
Veklury® (remdesivir)	$2,028.00	XW033E5 or XW043E5	
Zepzelca® (lurbinectedin)	$9,145.50	XW03387 or XW04387	

Discontinued NTAP

Technology	Maximum Add-on Payment	ICD-10-CM/PCS Coding Used to Identify Cases Eligible for NTAP	Alternative Pathways Status
AndexXa™ (andexanet alfa)	$18,281.25	XW03372 or XW04372	
Azedra® (iobenguane | 131)	$98,150.00	XW033S5 or XW043S5	
Balversa™ (erdafitinib)	$3,563.23	XW0DXL5	
BAROSTIM NEO® System	$22,750.00	0JH60MZ **in combination with** 03HK3MZ or 03HL3MZ	Breakthrough Device
CABLIVI® (caplacizumab)	$33,215.00	XW013W5 or XW033W5 or XW043W5	
ContaCT	$1,040.00	4A03X5D	
Eluvia™ Drug-Eluting Vascular Stent System	$3,646.50	X27H385, X27H395, X27H3B5, X27H3C5, X27J385, X27J395, X27J3B5, X27J3C5, X27K385, X27K395, X27K3B5, X27K3C5, X27L385, X27L395, X27L3B5, or X27L3C5	
Elzonris™	$144,116.04	XW033Q5 or XW043Q5	
Exalt™ Model D	$1,715.58	XFJB8A7 or XFJD8A7	Breakthrough Device
FETROJA® (cefiderocol) (cUTI/cIAI)	$7,919.86	XW033A6 or XW043A6	QIDP
Hemospray® Endoscopic Hemostat	$1,625.00	XW0G886 or XW0H886	

Discontinued NTAP

Technology	Maximum Add-on Payment	ICD-10-CM/PCS Coding Used to Identify Cases Eligible for NTAP	Alternative Pathways Status
IMFINZI® (durvalumab)	$6,875.90	XW03336 or XW04336	
Jakafi (ruxolitimib)	$4,475.38	XW0DXT5	
NUZYRA® for Injection	$1,552.50	XW033B6 or XW043B6	QIDP
Optimizer® System	$14,950.00	0JH60AZ or 0JH63AZ or 0JH80AZ or 0JH83AZ	Breakthrough Device
RECARBRIO™ (cUTI/cIAI)	$3,532.78	XW033U5 or XW043U5	QIDP
Soliris® (eculizumab)	$21,199.75	XW033C6 or XW043C6	
Spravato™ (esketamine)	$1,014.79	XW097M5	
T2Bacteria® Test Panel	$97.50	XXE5XM5	
TECENTRIQ® (atezolizumab)	$6,875.90	XW033D6 or XW043D6	
The SpineJack® System	$3,654.72	XNU0356 or XNU4356	
XENLETA® (lefamulin)	$1,275.75	XW03366 or XW04366 or XW0DX66	QIDP
Xospata® (gilteritinib)	$7,312.50	XW0DXV5	
ZEMDRI™ (plazomicin)	$4,083.75	XW033G4 or XW043G4	QIDP
ZERBAXA® (ceftolozane and tazobactam)	$1,836.98	XW03396 or XW04396	QIDP

https://t4.ftcdn.net/jpg/00/86/68/19/360_F_86681903_BdX43ai06Z9QJkyeoJEXsmfdNJkahQbi.jpg

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- https://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm
- https://www.cms.gov/medicare/acute-inpatient-pps/fy-2023-ipps-final-rule-home-page

Appendix A

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OTHER NEW DIAGNOSIS CODES

- F43.81 Prolonged Grief Disorder
- D81.82 Activated Phosphooinositide 3-kinase Delta Syndrome (APDS) **CC**
- G71.03- Limb girdle muscular dystrophies
- I77.82 Antineutrophilic Cytoplasmic Antibody (ANCA) Vasculitis
- M62.5A- Muscle wasting and atrophy, NEC, back
- N85.A Isthmocele
- Q85.8- Other phakomatoses, NEC **CC**
- S06.8A- Primary blast injury of brain, NEC **CC**
- W23.2- Caught, crushed, jammed or pinched between a moving and stationary object
- Z03.83 Encounter for observation for suspected conditions related to home physiologic monitoring device ruled out
- Z71.87 Encounter for pediatric-to-adult transition counseling
- Z71.88 Encounter for counseling for socioeconomic factors
- Z87.61 Personal history of (corrected) necrotizing enterocolitis of newborn
- Z87.731 Personal history of (corrected) tracheoesophageal fistula or atresa
- Z87.732 Personal history of (corrected) persistent cloaca or cloacal malformations
- Z87.76- Personal history of (corrected) congenital malformations of integument, limbs and musculoskeletal system

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Additions to CC/MCC List

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ADDITIONS TO MCC LIST

Diagnosis Code	Description
D59.30	Hemolytic-uremic syndrome, unspecified
D59.31	Infection-associated hemolytic-uremic syndrome
D59.32	Hereditary hemolytic-uremic syndrome
D59.39	Other hemolytic-uremic syndrome
I71.010	Dissection of ascending aorta
I71.011	Dissection of aortic arch
I71.012	Dissection of descending thoracic aorta
I71.019	Dissection of thoracic aorta, unspecified
I71.10	Thoracic aortic aneurysm, ruptured, unspecified
I71.11	Aneurysm of the ascending aorta, ruptured
I71.12	Aneurysm of the aortic arch, ruptured
I71.13	Aneurysm of the descending thoracic aorta, ruptured
I71.30	Abdominal aortic aneurysm, ruptured, unspecified
I71.31	Pararenal abdominal aortic aneurysm, ruptured
I71.32	Juxtarenal abdominal aortic aneurysm, ruptured
I71.33	Infrarenal abdominal aortic aneurysm, ruptured
I71.50	Thoracoabdominal aortic aneurysm, ruptured, unspecified
I71.51	Supraceliac aneurysm of the abdominal aorta, ruptured
I71.52	Paravisceral aneurysm of the abdominal aorta, ruptured
M96.A4	Flail chest associated with chest compression and cardiopulmonary resuscitation

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ADDITIONS TO MCC LIST CONT'D

Diagnosis Code	Description
S06.1XAA	Traumatic cerebral edema with loss of consciousness status unknown, initial encounter
S06.31AA	Contusion and laceration of right cerebrum with loss of consciousness status unknown, initial encounter
S06.32AA	Contusion and laceration of left cerebrum with loss of consciousness status unknown, initial encounter
S06.33AA	Contusion and laceration of cerebrum, unspecified, with loss of consciousness status unknown, initial encounter
S06.34AA	Traumatic hemorrhage of right cerebrum with loss of consciousness status unknown, initial encounter
S06.35AA	Traumatic hemorrhage of left cerebrum with loss of consciousness status unknown, initial encounter
S06.36AA	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness status unknown, initial encounter
S06.37AA	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness status unknown, initial encounter
S06.38AA	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness status unknown, initial encounter
S06.4XAA	Epidural hemorrhage with loss of consciousness status unknown, initial encounter
S06.5XAA	Traumatic subdural hemorrhage with loss of consciousness status unknown, initial encounter
S06.6XAA	Traumatic subarachnoid hemorrhage with loss of consciousness status unknown, initial encounter
S06.8A6A	Primary blast injury of brain, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.8A7A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.8A8A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter

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ADDITIONS TO THE CC LIST

Diagnosis Code	Description
D68.00	Von Willebrand disease, unspecified
D68.01	Von Willebrand disease, type 1
D68.020	Von Willebrand disease, type 2A
D68.021	Von Willebrand disease, type 2B
D68.022	Von Willebrand disease, type 2M
D68.023	Von Willebrand disease, type 2N
D68.029	Von Willebrand disease, type 2, unspecified
D68.03	Von Willebrand disease, type 3
D68.04	Acquired von Willebrand disease
D68.09	Other von Willebrand disease
D81.82	Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]
E87.20	Acidosis, unspecified
E87.21	Acute metabolic acidosis
E87.22	Chronic metabolic acidosis
E87.29	Other acidosis

Stony Brook Medicine

ADDITIONS TO THE CC LIST CONT'D

Diagnosis Code	Description
F01.511	Vascular dementia, unspecified severity, with agitation
F01.518	Vascular dementia, unspecified severity, with other behavioral disturbance
F01.52	Vascular dementia, unspecified severity, with psychotic disturbance
F01.53	Vascular dementia, unspecified severity, with mood disturbance
F01.54	Vascular dementia, unspecified severity, with anxiety
F01.A11	Vascular dementia, mild, with agitation
F01.A18	Vascular dementia, mild, with other behavioral disturbance
F01.A2	Vascular dementia, mild, with psychotic disturbance
F01.A3	Vascular dementia, mild, with mood disturbance
F01.A4	Vascular dementia, mild, with anxiety
F01.B11	Vascular dementia, moderate, with agitation
F01.B18	Vascular dementia, moderate, with other behavioral disturbance
F01.B2	Vascular dementia, moderate, with psychotic disturbance
F01.B3	Vascular dementia, moderate, with mood disturbance
F01.B4	Vascular dementia, moderate, with anxiety
F01.C11	Vascular dementia, severe, with agitation
F01.C18	Vascular dementia, severe, with other behavioral disturbance
F01.C2	Vascular dementia, severe, with psychotic disturbance
F01.C3	Vascular dementia, severe, with mood disturbance
F01.C4	Vascular dementia, severe, with anxiety
F02.811	Dementia in other diseases classified elsewhere, unspecified severity, with agitation
F02.818	Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance
F02.82	Dementia in other diseases classified elsewhere, unspecified severity, with psychotic disturbance
F02.83	Dementia in other diseases classified elsewhere, unspecified severity, with mood disturbance
F02.84	Dementia in other diseases classified elsewhere, unspecified severity, with anxiety
F02.A11	Dementia in other diseases classified elsewhere, mild, with agitation
F02.A18	Dementia in other diseases classified elsewhere, mild, with other behavioral disturbance
F02.A2	Dementia in other diseases classified elsewhere, mild, with psychotic disturbance
F02.A3	Dementia in other diseases classified elsewhere, mild, with mood disturbance
F02.A4	Dementia in other diseases classified elsewhere, mild, with anxiety
F02.B11	Dementia in other diseases classified elsewhere, moderate, with agitation
F02.B18	Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance
F02.B2	Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance
F02.B3	Dementia in other diseases classified elsewhere, moderate, with mood disturbance
F02.B4	Dementia in other diseases classified elsewhere, moderate, with anxiety
F02.C11	Dementia in other diseases classified elsewhere, severe, with agitation
F02.C18	Dementia in other diseases classified elsewhere, severe, with other behavioral disturbance
F02.C2	Dementia in other diseases classified elsewhere, severe, with psychotic disturbance
F02.C3	Dementia in other diseases classified elsewhere, severe, with mood disturbance
F02.C4	Dementia in other diseases classified elsewhere, severe, with anxiety
F03.911	Unspecified dementia, unspecified severity, with agitation
F03.918	Unspecified dementia, unspecified severity, with other behavioral disturbance
F03.92	Unspecified dementia, unspecified severity, with psychotic disturbance
F03.93	Unspecified dementia, unspecified severity, with mood disturbance
F03.94	Unspecified dementia, unspecified severity, with anxiety
F03.A11	Unspecified dementia, mild, with agitation
F03.A18	Unspecified dementia, mild, with other behavioral disturbance
F03.A2	Unspecified dementia, mild, with psychotic disturbance
F03.A3	Unspecified dementia, mild, with mood disturbance
F03.A4	Unspecified dementia, mild, with anxiety
F03.B11	Unspecified dementia, moderate, with agitation
F03.B18	Unspecified dementia, moderate, with other behavioral disturbance
F03.B2	Unspecified dementia, moderate, with psychotic disturbance
F03.B3	Unspecified dementia, moderate, with mood disturbance
F03.B4	Unspecified dementia, moderate, with anxiety
F03.C11	Unspecified dementia, severe, with agitation
F03.C18	Unspecified dementia, severe, with other behavioral disturbance
F03.C2	Unspecified dementia, severe, with psychotic disturbance
F03.C3	Unspecified dementia, severe, with mood disturbance
F03.C4	Unspecified dementia, severe, with anxiety

Stony Brook Medicine

ADDITIONS TO THE CC LIST CONT'D

Diagnosis Code	Description
F06.71	Mild neurocognitive disorder due to known physiological condition with behavioral disturbance
I20.2	Refractory angina pectoris
I25.112	Atherosclerosic heart disease of native coronary artery with refractory angina pectoris
I25.702	Atherosclerosis of coronary artery bypass graft(s), unspecified, with refractory angina pectoris
I25.712	Atherosclerosis of autologous vein coronary artery bypass graft(s) with refractory angina pectoris
I25.722	Atherosclerosis of autologous artery coronary artery bypass graft(s) with refractory angina pectoris
I25.732	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with refractory angina pectoris
I25.752	Atherosclerosis of native coronary artery of transplanted heart with refractory angina pectoris
I25.762	Atherosclerosis of bypass graft of coronary artery of transplanted heart with refractory angina pectoris
I25.792	Atherosclerosis of other coronary artery bypass graft(s) with refractory angina pectoris
I31.31	Malignant pericardial effusion in diseases classified elsewhere
I31.39	Other pericardial effusion (noninflammatory)
I47.20	Ventricular tachycardia, unspecified
I47.21	Torsades de pointes
I47.29	Other ventricular tachycardia
J95.87	Transfusion-associated dyspnea (TAD)
M96.A1	Fracture of sternum associated with chest compression and cardiopulmonary resuscitation
M96.A2	Fracture of one rib associated with chest compression and cardiopulmonary resuscitation
M96.A3	Multiple fractures of ribs associated with chest compression and cardiopulmonary resuscitation
M96.A9	Other fracture associated with chest compression and cardiopulmonary resuscitation

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ADDITIONS TO THE CC LIST CONT'D

Diagnosis Code	Description
P28.30	Primary sleep apnea of newborn, unspecified
P28.31	Primary central sleep apnea of newborn
P28.32	Primary obstructive sleep apnea of newborn
P28.33	Primary mixed sleep apnea of newborn
P28.39	Other primary sleep apnea of newborn
P28.40	Unspecified apnea of newborn
P28.41	Central neonatal apnea of newborn
P28.42	Obstructive apnea of newborn
P28.43	Mixed neonatal apnea of newborn
P28.49	Other apnea of newborn
Q21.10	Atrial septal defect, unspecified
Q21.11	Secundum atrial septal defect
Q21.12	Patent foramen ovale
Q21.13	Coronary sinus atrial septal defect
Q21.14	Superior sinus venosus atrial septal defect
Q21.15	Inferior sinus venosus atrial septal defect
Q21.16	Sinus venosus atrial septal defect, unspecified
Q21.19	Other specified atrial septal defect
Q21.20	Atrioventricular septal defect, unspecified as to partial or complete
Q21.21	Partial atrioventricular septal defect
Q21.22	Transitional atrioventricular septal defect
Q21.23	Complete atrioventricular septal defect
Q85.81	PTEN tumor syndrome
Q85.82	Other Cowden syndrome
Q85.83	Von Hippel-Lindau syndrome
Q85.89	Other phakomatoses, not elsewhere classified

Stony Brook Medicine

ADDITIONS TO THE CC LIST CONT'D

Diagnosis Code	Description
S06.0XAA	Concussion with loss of consciousness status unknown, initial encounter
S06.2XAA	Diffuse traumatic brain injury with loss of consciousness status unknown, initial encounter
S06.30AA	Unspecified focal traumatic brain injury with loss of consciousness status unknown, initial encounter
S06.81AA	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness status unknown, initial encounter
S06.82AA	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness status unknown, initial encounter
S06.89AA	Other specified intracranial injury with loss of consciousness status unknown, initial encounter
S06.8A0A	Primary blast injury of brain, not elsewhere classified without loss of consciousness, initial encounter
S06.8A1A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 30 minutes or less, initial encounter
S06.8A2A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.8A3A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.8A4A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.8A5A	Primary blast injury of brain, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.8A9A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of unspecified duration, initial encounter
S06.8AAA	Primary blast injury of brain, not elsewhere classified with loss of consciousness status unknown, initial encounter
S06.9XAA	Unspecified intracranial injury with loss of consciousness status unknown, initial encounter