

Stony Brook Medicine SEPTEMBER 27, 2023

Annual ICD-10/IPPS Updates FFY 2024 For LIHIMA

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Biographical Summary

Melissa Minski, RHIA, CCS, CCDS is the Associate Director for Coding and Staff Development for the HIM and CDI departments at Stony Brook University Hospital (SBUH). In her current position Melissa oversees the Facility/Hospital Outpatient Coding area, education of the coding and clinical documentation integrity (CDI) staff at SBUH in terms of ICD-10-CM/PCS and CPT coding, as well as on all computer software systems.

Prior to working for Stony Brook University Hospital Melissa held various roles in healthcare revenue cycle for small community hospitals, large academic medical centers, and quality improvement organizations in the New York metropolitan area over the past 19 years. Having worked for payers and providers, Melissa is able to make insightful observations and conclusions based on her varied experiences. She is a member of various professional organizations including AHIMA, NYHIMA, and LIHIMA (where she has served as president and is currently webmaster). She also presents for LIHIMA each year for the annual ICD-10 and CPT updates.

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Stony Brook Medicine AGENDA

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



https://media.nature.com/lw800/magazine-assets/d41586-018-06619-3/d41586-018-06619-3_16101678.png

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ICD-10-CM Updates



<https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcOZ5gjTJrz8dxL3kiepsJMAMiSK5J9GwkCEA&usqp=CAU>

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New Codes

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ACINETOBACTER BAUMANNII

- New code A41.54 for sepsis due to Acinetobacter baumannii MCC Status
- New code B96.83 for Acinetobacter baumannii as the cause of disease classified elsewhere
- New code J15.61 for pneumonia due to Acinetobacter baumannii MCC Status
- Commonly found in soil and water
- Gram negative bacteria that can cause infections in the blood, urinary tract, lungs, or wounds.
- Can also cause asymptomatic colonization
- Antibiotic resistance is common and carbapenem resistance can be seen with this bacteria

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 FAMILIAL ADENOMATOUS POLYPOSIS

- New code D13.91 added for familial adenomatous polyposis
- Does not replace codes for benign/malignant neoplasm of colon
- Expansion of category D13.9
- Required addition of D13.99 for unspecified option

Add	D13.91 Familial adenomatous polyposis
Add	Code also associated conditions, such as:
Add	benign neoplasm of colon (D12.8)
Add	malignant neoplasm of colon (C18-)

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 FAMILIAL ADENOMATOUS POLYPOSIS

- This code has not been added to the “high-risk” list in [CMS 100-04 Chapter 18, 60.3B](#)
 - Code Z83.71 Family History of Colonic Polyps still remains on list
- Although the verbiage of D13.91 is listed under 60.3A as a “characteristic” of high-risk individual
- Payers have different rules and clinical determinations for what a screening colonoscopy is and what high-risk is always consult payer guidelines before coding for service

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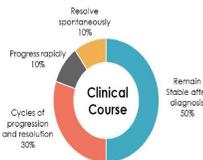
 DESMOID TUMORS

- Category D48.1- has been expanded for Desmoid tumors:
 - D48.110-119:head & neck, chest wall, intrathoracic, abdominal wall, intra-abdominal, upper extremity & shoulder girdle, lower extremity & pelvic girdle, back, other & unspecified site
 - D48.19 Other specified neoplasm of uncertain behavior of connective and other soft tissue

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Stony Brook Medicine DESMOID TUMORS

- Desmoid tumors are a deep connective and soft tissue neoplasm.
- Desmoid tumors are locally aggressive, infiltrative, and destructive.
- They are not classified as a malignant cancer because they do not metastasize.
- Desmoid tumors have a highly variable and unpredictable course.
- Desmoid tumors are also known as aggressive fibromatosis.

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Stony Brook Medicine DESMOID TUMORS

- Diagnosis of desmoid tumor is usually made by clinical exam and imaging and confirmed by biopsy
- The cause of desmoid tumors remains unknown but is thought to be related to wound healing
 - There is high rate of recurrence, especially after surgery
 - Desmoid tumors are associated with trauma
 - Up to 90% of desmoid tumors have a mutation in the β -catenin gene
 - APC Mutations (Familial Adenomatous Polyposis) is associated with increased likelihood of desmoid tumors

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Stony Brook Medicine DESMOID TUMORS

Desmoid tumors are often cared for by oncologists, in particular sarcoma specialists, and generally have the same treatment options as for malignancy

Active Surveillance	Surgical	Ablative	Medical
<ul style="list-style-type: none"> • "Watch and wait" is often the front line approach. • Exception is head and neck tumors which are often treated more aggressively because of the proximity to important structures 	<ul style="list-style-type: none"> • Original thinking was to just remove them and be done. • This is falling out of favor because of the high rate of recurrence at the same site. 	<ul style="list-style-type: none"> • Radiation is commonly used • New methods being studied: High Intensity Focused Ultrasound and Cryoablation 	<ul style="list-style-type: none"> • Hormone-blocking agents and NSAIDs • Chemotherapies • Kinase inhibitors/ gamma secretase inhibitors/ other targeted therapies

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Stony Brook Medicine SICKLE CELL WITH DACTYLITIS

MCC Status

- **New codes:**
 - D57.04 Hb-SS disease with dactylitis
 - D57.214 Sickle-cell/Hb-C disease with dactylitis
 - D57.414 Sickle-cell thalassemia, unspecified with dactylitis
 - D57.434 Sickle-cell thalassemia, beta zero with dactylitis
 - D57.454 Sickle-cell thalassemia, beta plus with dactylitis
 - D57.814 Other Sickle-cell disorders with dactylitis

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Stony Brook Medicine SICKLE CELL WITH DACTYLITIS

- **Dactylitis (hand/foot Syndrome, sausage fingers)** is a severe inflammation of the fingers and toes commonly seen in infants with sickle cell anemia.
- In the pre-verbal child, it may be the only clinical indication of vaso-occlusive pain crisis.
- Early recognition of dactylitis and care for the underlying condition helps prevent later complications of sickle cell disease.



<https://upload.orthobullets.com/osp/4114/images/image/120sdctylitis.jpg>

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Stony Brook Medicine VASO-OCCLUSIVE PAIN

No Change **Crisis**
 No Change - sickle-cell (see also Disease, sickle-cell, by type, with crisis) D57.00
 No Change - - with
 Delete - - - vasoocclusive pain D57.00
 Add - - - pain (vaso-occlusive) D57.00

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Stony Brook Medicine SHWACHMAN-DIAMOND SYNDROME

- New Code D61.02 Shwachman-Diamond Syndrome CC Status
- Previously assigned to D70.4 Cyclic Neutropenia
- CC Status is "new"

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Stony Brook Medicine IGG4-RELATED DISEASE

- New code D89.84 IgG4-Related Disease
- Chronic, relapsing-remitting, immune-mediated fibroinflammatory disorder that if not diagnosed and left untreated can lead to impaired organ function
- IgG4-RD tends to possess the following characteristics in the majority of cases:
 - Tumefactive lesions (causing swelling)
 - Dense lymphoplasmacytic infiltrate
 - IgG4-positive plasma cells present in large numbers in tissues
 - Storiform fibrosis (distinctive histopathological feature)
 - Elevated serum IgG4 concentrations
- The diagnosis of IgG4-RD is made by many specialists including neurologists, gastroenterologists, pulmonologists, and rheumatologists who recognize various characteristics of the disease.
- Patients who are not able to receive the proper diagnosis and treatment face the loss of function of critical organs like the pancreas, kidney, and liver.
- Patients with IgG4-RD are generally responsive to treatment with glucocorticoids and clinical trials have been started with Rituximab.

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Stony Brook Medicine AUTOSOMAL DOMINANT HYPOCALCEMIA

- New code for autosomal dominant hypocalcemia (ADH) E20.810
- Expansion of E20.8- Other hypoparathyroidism
- Other new codes under E20.8-:
 - E20.811 Secondary hypoparathyroidism in diseases classified elsewhere
 - E20.812 Autoimmune hypoparathyroidism
 - E20.818 Other specified hypoparathyroidism due to impaired hormone secretion
 - E20.819 Hypoparathyroidism due to impaired parathyroid hormone secretion, unspecified
 - E20.89 Other specified hypoparathyroidism

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 AUTOSOMAL DOMINANT HYPOCALCEMIA

- Genetic disorder of calcium metabolism mediated by hypoparathyroidism associated with impaired secretion of the parathyroid hormone.
- Acute symptoms tend to involve muscles, since calcium is essential for muscle contractions, or nervous system as calcium build up impacts the basal ganglia of the brain.
- Treatment focused on addressing hypocalcemia:
 - Oral/IV calcium supplements/infusions
 - Vitamin D

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 LYSOSOME-ASSOCIATED MEMBRANE PROTEIN 2 [LAMP2] DEFICIENCY

- New code **E74.05** Lysosome-Associated Membrane Protein 2 [LAMP2] deficiency CC Status
- A.K.A Danon Disease
- Variable presentation in males and females, with males presenting earlier onset and faster progression
- Represents one of most aggressive cardiomyopathies ever characterized, especially for male patients
- Involves heart, skeletal muscles, central nervous system, and retina, although non-cardiac manifestations are most frequently reported in males
- Leads to end-stage heart failure and death, as early as adolescence in males, in absence of heart transplant

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 OTHER SPHINGOLIPIDOSIS

- Expansion of subcategory E75.2- Other Sphingolipidosis CC Status
 - New code E75.27 Pelizaeus-Merzbacher Disease
 - New code E75.28 Canavan Disease

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 OTHER DISORDERS OF PURINE & PYRIMIDINE METABOLISM

- Subcategory E79.8- expanded for:
 - E79.81 Aicardi-Gourieres Syndrome CC Status
 - E79.82 Hereditary xanthinuria
 - E79.89 Other specified disorders of purine and pyrimidine metabolism

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 DISORDERS OF MITOCHONDRIAL tRNA SYNTHETASES

- New code E88.43 Disorders of mitochondrial tRNA synthetases CC Status
- Expansion of E88.4- mitochondrial metabolism disorders

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 INSULIN RESISTANCE SYNDROME

- Expansion of E88.81- Metabolic Syndrome
 - E88.810 Metabolic syndrome
 - E88.811 Insulin resistance syndrome, Type A
 - E88.818 Other insulin resistance (Type B)
 - E88.819 Insulin resistance unspecified
- Other names for metabolic syndrome are:
 - Dysmetabolic syndrome
 - Hypertriglyceridemic waist
 - Insulin resistance syndrome
 - Obesity syndrome
 - Syndrome X

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 **WASTING DISEASE (SYNDROME) DUE TO UNDERLYING CONDITION**

- New code E88.A Wasting disease (syndrome) due to underlying condition
- Involuntary/on-going loss of more than 10% body weight with reduction in muscle mass with or without the loss of fat due to underlying condition.
- Constellation of signs and symptoms and is a manifestation signaling the later end-stage or morbidity of an underlying condition and is typically irreversible

ADD	E88.A Wasting disease (syndrome) due to underlying condition
ADD	Cachexia due to underlying condition
ADD	Code first underlying condition
ADD	Excludes1: cachexia NOS (R64)
ADD	nutritional marasmus (E41)
ADD	Excludes2: failure to thrive (R62.51, R62.7)

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 **LEUKODYSTROPHY/LEUKOENCEPHALOPATHY**

Revise from **Leukodystrophy** E75.29
 Revise to **Leukodystrophy** G31.80
 Add - with vanishing white matter disease G11.6
 Add - LMNB1-related autosomal dominant G90.B
 Add - metachromatic E75.25
 Add - pol III-related G11.5
 No Change **Leukoencephalopathy (see also Encephalopathy)** G93.49
 Add - with calcifications and cysts G93.43
 Add - adult-onset, with axonal spheroids (and pigmented glia) G93.44
 Add - megalencephalic, with subcortical cysts G93.42

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 **LEUKODYSTROPHY/LEUKOENCEPHALOPATHY**

- Up until 10-15 years ago, only a few leukodystrophies were known, and these have their own codes in ICD-10-CM (ALD, MLD, Krabbe, Zellweger)
- Now, more than 400 unique leukodystrophies are known
- There are now specific treatments for 5 different leukodystrophies (MLD, ALD, Krabbe, Canavan, AGS)
- There are clinical trials in process for another 30+ different leukodystrophies (VWM, Alexander disease, ...)

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Stony Brook Medicine HEREDITARY ATAXIAS

- New codes as an expansion of category G11-: CC Status
 - G11.5 Hypomyelination-hypogonadotropic hypogonadism – hypotonia
 - G11.6 Leukodystrophy with vanishing white matter disease

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Stony Brook Medicine PARKINSON'S DISEASE WITH OFF EPISODES

- Code G20 for Parkinson's Disease has been further subdivided:
 - G20.A- Parkinson's Disease **without dyskinesia** (G20.A1 without mention of fluctuations, G20.A2 with fluctuations)
 - G20.B- Parkinson's Disease **with dyskinesia** (G20.B1 without fluctuations, G20.B2 with fluctuations)
 - G20.C Parkinsonism, unspecified
- Fluctuations can be in an on or off state:
 - On = good motor function
 - Off = PD symptoms re-emerge OR uncontrollable hyperkinetic movements

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- Expansion of category G23-:
 - G23.3 Hypomyelination with atrophy of basal ganglia and cerebellum CC Status
- Expansion of subcategory G31.8-:
 - G31.80 Leukodystrophy, unspecified
 - G31.86 Alexander disease
- Expansion of category G37.8-: CC Status
 - G37.81 Myelin oligodendrocyte glycoprotein antibody disease (MOG antibody disease)
 - G37.89 Other specified demyelinating diseases of central nervous system

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Stony Brook Medicine NEW EPILEPSY CODES

- **New subcategory G40.C- Lafora progressive myoclonus epilepsy** CC Status
 - G40.C01 & G40.C09: Lafora progressive myoclonus epilepsy, **non-intractable** with and without status epilepticus
 - G40.C11 & G40.C19: Lafora progressive myoclonus epilepsy, **intractable**, with and without status epilepticus

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- **New code G90.B LMNB1- related autosomal dominant leukodystrophy**
- **Expansion of G93.4- Other and Unspecified Encephalopathy** CC Status
 - G93.42 Megaloencephalic leukoencephalopathy with subcortical cysts
 - G93.43 Leukoencephalopathy with calcifications and cysts
 - G93.44 Adult-onset leukodystrophy with axonal spheroids

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Stony Brook Medicine CHRONIC MIGRAINE WITH AURA

- **New sub-category G43.E- Chronic Migraine with Aura**
 - G43.E01 Chronic migraine with aura, not intractable, with status migrainosus
 - G43.E09 Chronic migraine with aura, not intractable, without status migrainosus
 - G43.E11 Chronic migraine with aura, intractable, with status migrainosus
 - G43.E19 Chronic migraine with aura, intractable, without status migrainosus
- **International Classification of Headache Disorders defines chronic migraine as:**
 - Headache occurring on 15 or more days a month for more than three months, which, on at least eight days per month has the features of migraine headache

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 **SICKLE CELL RETINOPATHY**

- **New sub-category H36.8- Other retinal disorders in diseases classified elsewhere**
 - H36.811-H36.819 Non-proliferative sickle-cell retinopathy (right, left, bilateral, unspecified)
 - H36.821-H36.829 Proliferative sickle cell retinopathy (right, left, bilateral, unspecified)
 - H36.89 Other retinal disorders in diseases classified elsewhere
- **Complication of sickle-cell disease that can lead to vision impairment and blindness.**
- **Treatment includes observation, retinal ablation, advanced retinal-vitreous surgery, and intravitreal injection of anti-VEGF biologic agents (Bevacizumab)**

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 **EYE MUSCLE ENTRAPMENT**

- **Expansion of H50.6- Mechanical Strabismus**
 - H50.62- Inferior oblique muscle entrapment
 - H50.63- Inferior rectus muscle entrapment
 - H50.64- Lateral rectus muscle entrapment
 - H50.65- Medial rectus muscle entrapment
 - H50.66- Superior oblique muscle entrapment
 - H50.67- Superior rectus muscle entrapment
 - H50.68- Extraocular muscle entrapment, unspecified
- **All with options for right, left, and unspecified (no option for bilateral)**

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 **FOREIGN BODY SENSATION EYE (OCULAR)**

- **Expansion of subcategory H57.8-**
 - H57.8A1-H57.8A9 Foreign body sensation, right, left, bilateral, and unspecified eyes

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Stony Brook Medicine RESISTANT HYPERTENSION

- New code I1A.0 Resistant hypertension
- The designation of resistant hypertension refers to patients with both controlled and uncontrolled hypertension depending on the number of antihypertensive agents administered (4 or more medications for controlled resistant).
- New code allows for specific identification of patients with resistant hypertension within the general hypertensive population.

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Stony Brook Medicine RESISTANT HYPERTENSION

Chapter 9
Diseases of the circulatory system (I00-I99)

This chapter contains the following blocks:
 I10-I15 Hypertensive diseases
 I10-I1A Hypertensive diseases
 I15 Hypertensive crisis

I15 Hypertensive crisis
 Code also
 any identified hypertensive disease (I10-I15)
 any identified hypertensive disease (I10-I15, I1A)

I1A Other hypertension
 I1A.0 Resistant hypertension
 Apparent treatment resistant hypertension
 Treatment resistant hypertension
 True resistant hypertension

Code first specific type of existing hypertension, if known, such as:
 essential hypertension (I10)
 secondary hypertension (I15.-)

I20-I25 Ischemic heart diseases
 Code also
 the presence of hypertension (I10-I15)
 the presence of hypertension (I10-I1A)

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Stony Brook Medicine CORONARY MICROVASCULAR DYSFUNCTION (CMD)

- New codes:
 - I20.81 Angina pectoris with CMD
 - I21.B Myocardial infarction with CMD MCC Status
 - I24.81 Acute CMD CC Status
 - I25.85 Chronic CMD

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 **Stony Brook Medicine** INAPPROPRIATE SINUS TACHYCARDIA (IST)

- Sub-category I47.1- was expanded for new codes: CC Status
 - I47.10 Supraventricular tachycardia, unspecified
 - I47.11 Inappropriate sinus tachycardia, so stated
 - I47.19 Other supraventricular tachycardia
- IST is defined as a sinus heart rate >100 bpm at rest (with a mean 24-hour heart rate >90 bpm not due to primary causes) and is associated with distressing symptoms of palpitations

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 **Stony Brook Medicine** BRONCHIOLITIS OBLITERANS & BRONCHIOLITIS OBLITERANS SYNDROME (BOS)

- Sub-Category J44.8 created
 - J44.81 Bronchiolitis obliterans & bronchiolitis obliterans syndrome
 - J44.89 Other specified COPD
- Occurs after lung transplant or allogenic stem cell transplant
 - After lung transplant as a manifestation of CLAD
 - After allogenic stem cell transplant as a manifestation of cGVHD
- Codes can be used to represent manifestation from either transplant source

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 **Stony Brook Medicine** CHRONIC LUNG ALLOGRAFT DYSFUNCTION (CLAD)

- Sub-category J4A (CLAD) created for new codes:
 - J4A.0 Restrictive allograft syndrome
 - J4A.8 Other chronic lung allograft dysfunction
 - J4A.9 Chronic lung allograft dysfunction, unspecified
- Created to help differentiate CLAD BOS in lung transplant patients from cGVHD BOS in stem cell transplant patients

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Stony Brook Medicine ACUTE APPENDICITIS

- Sub-category K35.2- has been expanded for new codes
- K35.20- Acute appendicitis with generalized peritonitis, **without abscess** CC Status
 - K35.200 without perforation or abscess
 - K35.201 with perforation, without abscess
 - K35.209 without abscess, unspecified as to perforation
- K35.21- Acute appendicitis with generalized peritonitis, **with abscess** MCC Status
 - K35.210 without perforation, with abscess
 - K35.211 with perforation and abscess
 - K35.219 with abscess, unspecified as to perforation

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Stony Brook Medicine ACUTE APPENDICITIS

When appendicitis leads to a frank perforation or rupture, that will usually cause severe peritonitis, which is commonly generalized peritonitis, although it can sometimes become walled off and localized. However, there can also be appendicitis with microperforations, which can lead to some degree of peritonitis, but milder. It is possible for appendicitis to present with generalized peritonitis, even without a frank perforation or rupture of the appendix.

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Stony Brook Medicine INTESTINAL MICROBIAL OVERGROWTH

- New sub-category K63.82- for intestinal microbial overgrowth
- K63.821- Small Intestinal Overgrowth (SIBO)
 - K63.8211 Hydrogen subtype
 - K63.8212 Hydrogen-sulfide subtype
 - K63.8219 Unspecified
- K63.822 Small intestinal fungal overgrowth (SIFO)
- K63.829 Intestinal methanogen overgrowth, unspecified (IMO)

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Stony Brook Medicine INTESTINAL MICROBIAL OVERGROWTH

	Breath testing	Small bowel aspiration and culture
Intestinal methanogen overgrowth (IMO)	Yes	No
Small intestinal fungal overgrowth (SIFO)	No	Yes
Small intestinal bacterial overgrowth (H ₂ subtype)	Yes	Yes
Small intestinal bacterial overgrowth (H ₂ S subtype)	Yes	No

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Stony Brook Medicine INTESTINAL MICROBIAL OVERGROWTH

Three pillars of management

- » Addressing the modifiable underlying cause(s) of overgrowth
 - » Decreasing inflammation if underlying Celiac or Crohn's disease
 - » Better control of diabetes
- » Induction of remission
 - » Antimicrobials
 - » IMO: Neomycin plus rifaximin
 - » SIBO (H₂ subtype): Rifaximin, metronidazole, ciprofloxacin, trimethoprim-sulfamethoxazole
 - » SIBO (H₂S subtype): Bismuth subsalicylate, rifaximin
 - » SIFO: Fluconazole
 - » Elemental diet
- » Maintenance of remission
 - » Low fermentation diet
 - » Proton pump inhibitors

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Stony Brook Medicine RETROPERITONEAL DISORDERS

- New code K68.2 Retroperitoneal fibrosis
- New code K68.3 Retroperitoneal hematoma (hemorrhage)
- Both are MCC Status
- These new codes originated so that non-traumatic peritoneal hematoma (hemorrhage) could be captured with K66.1
- Thus new codes for retroperitoneal had to be created.

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Stony Brook Medicine RETROPERITONEAL DISORDERS

TABULAR MODIFICATIONS

K66 Other disorders of peritoneum

Add K66.1 Hemoperitoneum
 Add Peritoneal hematoma
 Add Peritoneal hemorrhage

Add Excludes2: retroperitoneal hematoma (K68.3)
 Add retroperitoneal hemorrhage (K68.3)

K68 Disorders of retroperitoneum

New code K68.2 Retroperitoneal fibrosis
 Add Code also, if applicable, associated obstruction of ureter (N13.5)
 New code K68.3 Retroperitoneal hematoma
 Add Retroperitoneal hemorrhage

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Stony Brook Medicine SHORT BOWEL SYNDROME (SBS)

- New subcategory K90.82- for short bowel syndrome (short gut syndrome):
 - K90.821 Short bowel syndrome with colon in continuity
 - K90.822 Short bowel syndrome without colon in continuity
 - K90.829 Short bowel syndrome, unspecified
- K90.83 Intestinal failure
- SBS with colon continuity is when the colon has been anastomosed to residual small bowel (includes ileocolonic and jejunocolonic anastomosis)
- SBS with no colon continuity is when all colon has been resected or otherwise is not in continuity with the residual small bowel (includes mucus fistula, ileostomy, jejunostomy, duodenostomy and jejunoleo-rectal anastomosis that meet the definition for SBS)

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Stony Brook Medicine OSTEOPOROSIS

- New subcategories under M80
 - M80.0B- Age-related osteoporosis with current pathological fracture pelvis (codes for left, right, and unspecified)
 - M80.8B- Other osteoporosis with current pathological fracture pelvis (codes for left, right, and unspecified)
- Prior to this change the anatomical classification for the condition was “femur” in ICD-10-CM—which is incorrect.
- CC status depends upon full code with all 7 characters

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Stony Brook Medicine OBSTETRICS

- Expansion of sub-category O26.6-
 - New codes O26.641-O26.49 Intrahepatic cholestasis or pregnancy CC Status
 - All CC except unspecified trimester
- Expansion of sub-category O90.4- MCC Status
 - O90.41 Hepatorenal syndrome following labor and delivery
 - O90.49 Other postpartum acute kidney failure

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Stony Brook Medicine CRANIOSYNOSTOSIS

- Subcategory Q75.0- expanded for new codes
 - Q75.00- Craniosynostosis, unspecified
 - Q75.01 Sagittal craniosynostosis
 - Q75.02- Coronal craniosynostosis
 - Q75.03 Metopic craniosynostosis
 - Q75.04- Lambdoid craniosynostosis
 - Q75.05- Multi-suture craniosynostosis
 - Q75.08 Other craniosynostosis

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Stony Brook Medicine CRANIOSYNOSTOSIS

- **Definition**
 - Premature closure of one or more sutures that separate the bones of the cranium
- **Impact**
 - Abnormally shaped head
 - Risk for increased intracranial pressure, which can damage the eyes and brain
- **Epidemiology**
 - 1 in 2000 births

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Stony Brook Medicine CRANIOSYNOSTOSIS

Normal Cranium

Front
Metopic suture
Coronal suture
Sagittal suture
Lambdoid suture
Back

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Stony Brook Medicine CRANIOSYNOSTOSIS

- **Clinically classified according to the involved suture(s)**
 - Sagittal (60%)
 - Coronal* (25%)
 - Metopic (15%)
 - Lambdoid* (2%)
 - Other (<1%)

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Stony Brook Medicine CONGENITAL SYNDROMES

Diagnosis Code	Description
Q44.71	Alagille syndrome
Q87.83	Bardet-Biedl syndrome
Q87.84	Laurence-Moon syndrome
Q87.85	MED13L syndrome
Q93.52	Phelan-McDermid syndrome

- All are CC Status

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 FOREIGN BODY SENSATION

R09.A Foreign body sensation of the circulatory and respiratory system

- R09.A0 Foreign body sensation, unspecified**
- R09.A1 Foreign body sensation, nose**
- R09.A2 Foreign body sensation, throat**
Foreign body sensation globus
- R09.A9 Foreign body sensation, other site**

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 ABNORMAL AND INCONCLUSIVE FINDINGS ON DIAGNOSTIC IMAGING OF BREAST

- **Category R92 expanded with new sub-category R92.3-**
 - R92.30 Dense breasts, unspecified
 - R92.31- Mammographic fatty tissue density of breast
 - R92.32- Mammographic fibroglandular density of breast
 - R92.33- Mammographic heterogenous density of breast
 - R92.34- Mammographic extreme density of breast

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 ABNORMAL AND INCONCLUSIVE FINDINGS ON DIAGNOSTIC IMAGING OF BREAST

The Breast Imaging Reporting and Data System, called BI-RADS, is used to group different types of breast density. This system, developed by the American College of Radiology, helps clinicians to interpret and report specific mammogram findings. BI-RADS classifies breast density into four categories, as follows:

- (a) Almost entirely fatty breast tissue, found in about 10% of women
- (b) Scattered areas of dense glandular tissue and fibrous connective tissue (scattered fibroglandular breast tissue) found in about 40% of women
- (c) Heterogeneously dense breast tissue with many areas of glandular tissue and fibrous connective tissue, found in about 40% of women
- (d) Extremely dense breast tissue, found in about 10% of women

It is proposed to create new codes to allow code assignment to capture both the screening mammogram and the finding of dense breasts on the same encounter.

ICD-10-CM/PCS C&M Meeting September 2022

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Stony Brook Medicine

- R40.2A Nontraumatic coma due to underlying condition MCC Status

67

Stony Brook Medicine TOXIC EFFECT OF GADOLINIUM

- 12 new codes T56.821A-T56.824S for toxic effects of Gadolinium
- Gadolinium is a heavy metal with paramagnetic properties
- Toxicity has the potential to harm humans, with even a small amount can be associated with significant morbidity and mortality.
- Symptoms can be mild in some patients while others develop severe life-threatening illness similar to cytokine storm response

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Stony Brook Medicine EXTERNAL CAUSE CODES RELATED TO FOREIGN BODIES ENTERING INTO OR THROUGH A NATURAL ORIFICE

- New external cause category W44 Foreign body entering into or through a natural orifice
- 122 new codes
- SPARCS



69

 MYOCARDIAL INFARCTION WITH CORONARY MICROVASCULAR DYSFUNCTION

6) Myocardial Infarction with Coronary Microvascular Dysfunction

Coronary microvascular dysfunction (CMD) is a condition that impacts the microvasculature by restricting microvascular flow and increasing microvascular resistance. Code I21.B, Myocardial infarction with coronary microvascular dysfunction, is assigned for myocardial infarction with coronary microvascular disease, myocardial infarction with coronary microvascular dysfunction, and myocardial infarction with non-obstructive coronary arteries (MINOCA) with microvascular disease.

76

 COMA

2023 Guideline	2024 Guideline
<p>e. Coma</p> <p>Code R40.20, Unspecified coma, may be assigned in conjunction with codes for any medical condition.</p> <p>Do not report codes for unspecified coma, individual or total Glasgow coma scale scores for a patient with a medically induced coma or a sedated patient.</p> <p>1) Coma Scale</p> <p>The coma scale codes (R40.21- to R40.24-) can be used in conjunction with traumatic brain injury codes. These codes are primarily for use by trauma registries, but they may be used in any setting where this information is collected. The coma scale codes should be sequenced after the diagnosis code(s).</p>	<p>e. Coma</p> <p>Code R40.20, Unspecified coma, should be assigned when the underlying cause of the coma is not known, or the cause is a traumatic brain injury and the coma scale is not documented in the medical record.</p> <p>Do not report codes for unspecified coma, individual or total Glasgow coma scale scores for a patient with a medically induced coma or a sedated patient.</p> <p>1) Coma Scale</p> <p>The coma scale codes (R40.21- to R40.24-) can be used in conjunction with traumatic brain injury codes. These codes cannot be used with code R40.2A, Nontraumatic coma due to underlying condition. They are primarily for use by trauma registries, but they may be used in any setting where this information is collected. The coma scale codes should be sequenced after the diagnosis code(s).</p>

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 FOLLOW-UP EXAMINATIONS

Codes Z08, Encounter for follow-up examination after completed treatment for malignant neoplasm, and Z09, Encounter for follow up examination after completed treatment for conditions other than malignant neoplasm, may be assigned following any type of completed treatment modality (including both medical and surgical treatments).

78

 SECTION III: REPORTING ADDITIONAL DIAGNOSES

2023 Guideline	2024 Guideline
<p>Section III. Reporting Additional Diagnoses GENERAL RULES FOR OTHER (ADDITIONAL) DIAGNOSES</p> <p>For reporting purposes, the definition for "other diagnoses" is interpreted as additional conditions that affect patient care in terms of requiring:</p> <ul style="list-style-type: none"> clinical evaluation; or therapeutic treatment; or diagnostic procedures; or extended length of hospital stay; or increased nursing care and/or monitoring. 	<p>Section III. Reporting Additional Diagnoses GENERAL RULES FOR OTHER (ADDITIONAL) DIAGNOSES</p> <p>For reporting purposes, the definition for "other diagnoses" is interpreted as additional clinically significant conditions that affect patient care in terms of requiring:</p> <ul style="list-style-type: none"> clinical evaluation; or therapeutic treatment; or diagnostic procedures; or extended length of hospital stay; or increased nursing care and/or monitoring.

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 WHAT IS CLINICAL SIGNIFICANCE?

- In reference to abnormal findings:
 - If abnormal labs require treatment with oral or IV therapeutics
 - If abnormal labs fall outside of normal range, it is significant enough to query MD for clinical significance
 - Isolated EKG finding not significant (i.e. bundle branch block)
 - However Mobitz type II block can be significant and would warrant a query
 - When an abnormal finding is listed in the final diagnostic statement without an associated diagnosis
 - Schatzky's Ring- only when symptomatic, otherwise considered an incidental finding. (CC 1Q 2012, pages 15-16)

Coding Clinic 2nd Quarter 1990 pages 15-16

80

 WHAT IS CLINICAL SIGNIFICANCE?

- In reference to newborn chapter specific guidelines:
- All clinically significant conditions noted on routine newborn examination should be coded. A condition is clinically significant if it requires:
 - clinical evaluation; or
 - therapeutic treatment; or
 - diagnostic procedures; or
 - extended length of hospital stay; or
 - increased nursing care and/or monitoring; or
 - has implications for future health care needs.

Official Coding Guidelines Section I.C; Chapter 16; sub-section a6

81

 WHAT IS CLINICAL SIGNIFICANCE?

- **In reference to dural tears:**
 - Dural tears are always clinically significant due to the potential for cerebrospinal fluid leakage (CC 2Q 2007, pages 11-12; CC 4Q 2008, pages 109-110).
 - Unless the MD documents that the tear is not clinically significant (CC 1Q 2011, pages 7-8).
- **In reference to serosal tears:**
 - Query MD for clinical significance (CC 2Q 2007 pages 11-12)
 - Full thickness bowel injury requiring partial resection to repair..is more than a minor serosal tear and is clinically significant. (CC 1Q 2010, pages 11-12)
 - Any serosal tear/injury requiring bowel excision is clinically significant and reportable, even if the provider documents that it was unavoidable. (CC 2Q 2021, pages 11-12)

82

 WHAT IS CLINICAL SIGNIFICANCE?

- **In reference to angioplasty procedures:**
 - When dissection extends further than anticipated, leading to an occlusion, or is responsible for additional procedures and/or other complications it is clinically significant. (CC 3Q 2009, page 3)
 - The insertion of additional stents does not automatically mean the dissection is clinically significant. (CC 1Q 2011, page 4)
 - When dissection is minor and clinically insignificant and does not interfere with antegrade blood flow, nor affect the procedural outcome. (CC 1Q 2011, pages 3-4)

83

 WHAT IS CLINICAL SIGNIFICANCE?

- **In reference to Obesity/BMI:**
 - Overweight, obese, or morbidly obese are at an increased risk for certain medical conditions when compared to persons of normal weight.....these conditions are always clinically significant and reportable when documented by the provider. (CC 3Q 2011, pages 3-4; 4Q 2018, page 77)
 - When obesity/morbid obesity is documented, BMI is considered clinically significant as well. (CC 3Q 2011, pages 3-4; 4Q 2018, page 77)
 - If BMI fluctuation is linked to a clinically significant condition such as malnutrition, anorexia nervosa etc. it should be assigned. (CC 1Q 2014, page 17)
 - BMI should not be reported when fluctuations are caused by fluid overload, retention or excess fluid. (CC 1Q 2014, page 17)
 - Even obesity is documented in a pregnant patient, BMI should not be assigned is not clinically significant due to the pregnancy. (CC 4Q 20108, page 80)

84

 **Stony Brook Medicine** WHAT IS CLINICAL SIGNIFICANCE?

- In reference to sarcopenia:
 - Sarcopenia is the age-related loss of muscle mass and strength that combines to result in functional issues including increased frailty, mobility limitations, and the ability to carry out ADL...it is determined to be clinically significant based upon distinct findings and functional issues. These issues can lead to problems such as an increased incidence of falls. Identifying sarcopenia will allow for interventions to improve muscle strength such as nutrition counseling and strength and resistance training that may partially reduce the effects of the condition. (CC 4Q 2016, page 41)
 - Hypertensive urgency/emergency/crisis is clinically significant in that it requires immediate treatment. (CC 4Q 2016, pages 26-28)
- In reference to carotid stenosis:
 - If the MD indicates the carotid stenosis is not clinically significant (even if the patient has a stroke) do not assign a code for the carotid stenosis. (CC 3Q 2020, pages 27-28)
- In reference to epistaxis from NG tube insertion:
 - The MD documented that a patient with long-term use of anti-coagulants developed epistaxis from the NG tube insertion, which required treatment with Rapid Rhino™ packing. This is clinically significant since it required intervention. (CC 2Q 2023, page 28)

85

 **Stony Brook Medicine** WHAT IS CLINICAL SIGNIFICANCE?

- In reference to meconium:
 - If meconium staining, passage, terminal meconium is documented on the neonate chart, it is always clinically significant since it will be monitored and/or evaluated. (CC 4Q 2013, pages 94-95)
- In reference to mucus plug (any age):
 - Mucus/mucus plugging is clinically significant when it has an effect, such as airway obstruction or asphyxiation. (CC 3Q 2019, page 15)
- In reference to sub-segmental pulmonary embolism (SSPE):
 - Asymptomatic SSPE are clinically insignificant. HOWEVER, these are often isolated or distal branches of the pulmonary artery, without coexisting DVT, and are usually too small to cause any major problems...Previously SSPE were treated with anti-coagulation for months or years....it is unknown whether these emboli are in-fact an indication for future thromboembolic events....these new codes will enable important clinical differentiation, and will be beneficial for quality measures and research for treatment efficacy. (CC 4Q 2019, pages 6-7) *Don't know if these means they all are or are not clinically significant—query provider if unsure (Melissa personal opinion)*

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 **Stony Brook Medicine** WHAT IS CLINICAL SIGNIFICANCE?

- In reference to documentation of complications of care:
 - 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. (CC 4Q 2022, pages 79-80)

Official Coding Guidelines Section I.B.16

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 Stony Brook Medicine

Other Changes

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 Stony Brook Medicine INDEX CHANGES

Accident

No Change - cerebral I63.9
 Delete - cerebrovascular (embolic) (ischemic) (thrombotic) I63.9
 Revise from - cerebrovascular (ischemic) I63.9
 Revise to - chronic (old) (remote) (imaging) (without sequelae) Z86.73
 Add - - with residual defects - see Sequelae, disease, cerebrovascular
 Add - - embolic I63.-
 Add - - thrombotic I63.-

Stroke (apoplectic) (brain) (embolic) (ischemic) (paralytic) (thrombotic) I63.9

Revise from - cerebrovascular (ischemic) I63.9
 Revise to - - chronic (old) (remote) (imaging) (without sequelae) Z86.73
 Add - - with residual defects - see Sequelae, disease, cerebrovascular
 Add - - embolic I63.-
 Add - - thrombotic I63.-

Alcohol, alcoholic, alcohol-induced

No Change - delirium (acute) (tremens) (withdrawal) F10.921
 No Change - abuse F10.131
 Add - - with intoxication F10.121
 No Change - dependence (acute) (tremens) (withdrawal) F10.231
 Add - - with intoxication F10.221
 Add - - use, unspecified F10.931
 Add - - with intoxication F10.921

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 Stony Brook Medicine INDEX CHANGES

Cachexia R64

Revise from - due to malnutrition R64
 Revise to - due to
 Delete - - malnutrition R64
 Add - - underlying condition E88.A

Dysfunction

No Change - chronic
 Add - - coronary microvascular I25.85
 Add - - lung allograft J4A.9
 Add - - mixed J4A.0
 Add - - specified NEC J4A.8
 Add - - coronary microvascular I25.85
 Add - - with
 Add - - angina pectoris I20.81
 Add - - myocardial infarction I21.B
 Add - - acute I24.81
 Add - - chronic I25.85

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Stony Brook Medicine TABULAR CHANGES

No Change **Infections with a predominantly sexual mode of transmission (A50-A64)**
 Delete **Excludes1:** human immunodeficiency virus (HIV) disease (B20)
 Add **Excludes2:** human immunodeficiency virus (HIV) disease (B20)

No Change **E87.0 Hyposmolality and hyponatremia**
 Add **Excludes1:** diabetes with hyposmolality (E08, E09, E11, E13 with final characters .00 or .01)

No Change **G93.4 Other and unspecified encephalopathy**
 Delete **Excludes1:** alcoholic encephalopathy (G31.2)
 Delete encephalopathy in diseases classified elsewhere (G94)
 Delete hypertensive encephalopathy (I67.4)
 Add **Excludes2:** alcoholic encephalopathy (G31.2)
 Add encephalopathy in diseases classified elsewhere (G94)
 Add hypertensive encephalopathy (I67.4)

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Stony Brook Medicine TABULAR CHANGES

No Change **J31 Chronic rhinitis, nasopharyngitis and pharyngitis**
 Delete **Use Additional code to identify:**
 Delete exposure to environmental tobacco smoke (Z77.22)
 Delete exposure to tobacco smoke in the perinatal period (P96.81)
 Delete history of tobacco dependence (Z87.891)
 Delete occupational exposure to environmental tobacco smoke (Z57.31)
 Delete tobacco dependence (F17.-)
 Delete tobacco use (Z72.0)

No Change **J32 Chronic sinusitis**
 Delete **Use Additional code to identify:**
 Delete exposure to environmental tobacco smoke (Z77.22)
 Delete exposure to tobacco smoke in the perinatal period (P96.81)
 Delete history of tobacco dependence (Z87.891)
 Delete occupational exposure to environmental tobacco smoke (Z57.31)
 Delete tobacco dependence (F17.-)
 Delete tobacco use (Z72.0)

No Change **J33 Nasal polyp**
 Delete **Use Additional code to identify:**
 Delete exposure to environmental tobacco smoke (Z77.22)
 Delete exposure to tobacco smoke in the perinatal period (P96.81)
 Delete history of tobacco dependence (Z87.891)
 Delete occupational exposure to environmental tobacco smoke (Z57.31)
 Delete tobacco dependence (F17.-)
 Delete tobacco use (Z72.0)

No Change **J35 Chronic diseases of tonsils and adenoids**
 Delete **Use Additional code to identify:**
 Delete exposure to environmental tobacco smoke (Z77.22)
 Delete exposure to tobacco smoke in the perinatal period (P96.81)
 Delete history of tobacco dependence (Z87.891)
 Delete occupational exposure to environmental tobacco smoke (Z57.31)

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Stony Brook Medicine TABULAR CHANGES

No Change **J41 Simple and mucopurulent chronic bronchitis**
 Delete **Excludes1:** chronic bronchitis NOS (J42)
 Delete chronic obstructive bronchitis (J44.-)
 Add **Excludes2:** chronic bronchitis NOS (J42)
 Add chronic obstructive bronchitis (J44.-)

No Change **J43 Emphysema**
 Delete **Use Additional code to identify:**
 Delete exposure to environmental tobacco smoke (Z77.22)
 Delete history of tobacco dependence (Z87.891)
 Delete occupational exposure to environmental tobacco smoke (Z57.31)
 Delete tobacco dependence (F17.-)
 Delete tobacco use (Z72.0)
 Delete **Excludes1:** emphysema with chronic (obstructive) bronchitis (J44.-)
 Delete emphysematous (obstructive) bronchitis (J44.-)
 Add **Excludes2:** emphysema with chronic (obstructive) bronchitis (J44.-)
 Add emphysematous (obstructive) bronchitis (J44.-)

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Stony Brook Medicine TABULAR CHANGES

Q80 Down syndrome
 No Change
 Add **Code also** associated physical condition(s), such as atrioventricular septal defect (Q21.2-)

R64 Cachexia
 No Change Wasting syndrome
 Delete **Code first** underlying condition, if known
 Add **Excludes1:** cachexia due to underlying condition (E88.A)

R78 Findings of drugs and other substances, not normally found in blood
 Delete **Excludes1:** mental or behavioral disorders due to psychoactive substance use (F10-F19)
 Add **Excludes2:** mental or behavioral disorders due to psychoactive substance use (F10-F19)

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Stony Brook Medicine TABULAR CHANGES

S06.3 Focal traumatic brain injury
 No Change
 Delete **Excludes1:** any condition classifiable to S06.4-S06.6
 Add **Excludes2:** any condition classifiable to S06.4-S06.6

S22 Fracture of rib(s), sternum and thoracic spine
 No Change
 Delete **Code first** any associated:
 injury of intrathoracic organ (S27.-)
 spinal cord injury (S24.0-, S24.1-)
 Delete
 Add **Code also,** if applicable, any associated:
 injury of intrathoracic organ (S27.-)
 spinal cord injury (S24.0-, S24.1-)
 Add

T81.1 Postprocedural shock
 No Change
 Delete **Excludes1:** septic shock (R65.21)

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Stony Brook Medicine TABULAR CHANGES

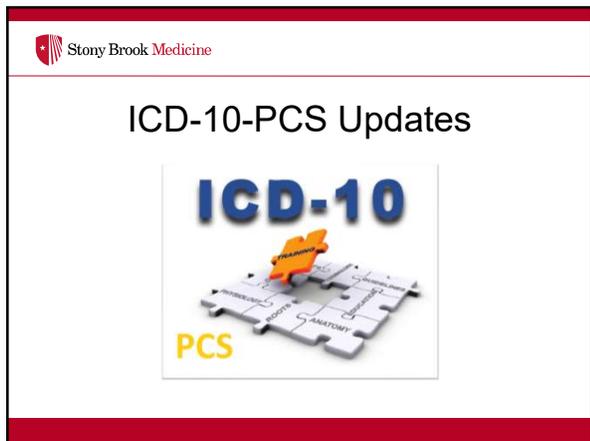
T81.83 Persistent postprocedural fistula
 No Change
 Add **Use Additional code,** if known, for site of fistula such as:
 anal fistula (K60.3)
 anorectal fistula (K60.5)
 bladder fistula (N32.2)
 other female intestinal-genital tract fistulae (N82.4)
 Add

U07.1 COVID-19
 No Change
 Add **Use Additional code,** if applicable, for associated conditions such as:
 COVID-19 associated coagulopathy (D68.8)
 disseminated intravascular coagulation (D65)
 hypercoagulable states (D68.99)
 thrombophilia (D68.89)
 Add
 Delete **Excludes2:** coronavirus infection, unspecified (B34.2)

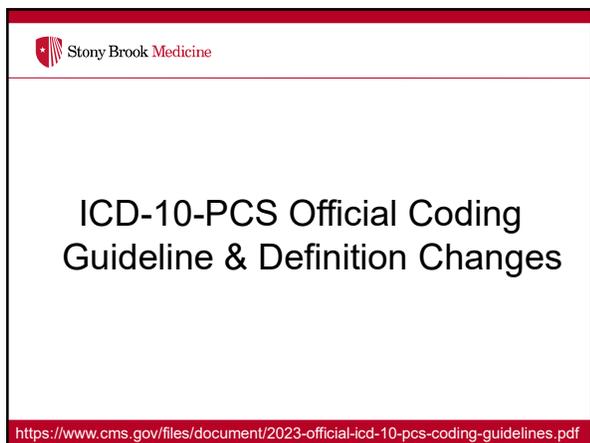
102



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 **GUIDELINE CHANGES**

B5.2b. Procedures performed using the percutaneous endoscopic approach, **with hand-assistance, or with an incision or extension of an incision to assist in the removal of all or a portion of a body part, or to anastomose a tubular body part with or without the temporary exteriorization of a body structure,** are coded to the approach value Percutaneous Endoscopic.

Examples:
Hand-assisted laparoscopic sigmoid colon resection with exteriorization of a segment of the colon for removal of specimen with return of colon back into abdominal cavity is coded to the approach value percutaneous endoscopic.

Laparoscopic sigmoid colectomy with extension of stapling port for removal of specimen and direct anastomosis is coded to the approach value percutaneous endoscopic.

Laparoscopic nephrectomy with midline incision for removing the resected kidney is coded to the approach value percutaneous endoscopic.

Robotic-assisted laparoscopic prostatectomy with extension of incision for removal of the resected prostate is coded to the approach value percutaneous endoscopic.

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 **GUIDELINE CHANGES**

2023 Guideline

General guidelines
B6.1a
 A device is coded only if a device remains after the procedure is completed. If no device remains, the device value No Device is coded. In limited root operations, the classification provides the qualifier values Temporary and Intraoperative, for specific procedures involving clinically significant devices, where the purpose of the device is to be utilized for a brief duration during the procedure or current inpatient stay. If a device that is intended to remain after the procedure is completed requires removal before the end of the operative episode in which it was inserted **(for example, the device size is inadequate or an event documented as a complication occurs),** both the insertion and removal of the device should be coded.

2024 Guideline

B6.1a. A device is coded only if a device remains after the procedure is completed. If no device remains, the device value No Device is coded. In limited root operations, the classification provides the qualifier values Temporary and Intraoperative, for specific procedures involving clinically significant devices, where the purpose of the device is to be utilized for a brief duration during the procedure or current inpatient stay. If a device that is intended to remain after the procedure is completed requires removal before the end of the operative episode in which it was inserted, both the insertion and removal of the device should be coded.

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 **DEFINITIONS**

Section 0- Medical and Surgical	
Body Part Definitions	
ICD-10-PCS Value	Definition
Appendix	Add Appendiceal Orifice
Intracranial Artery	Add Middle meningeal artery, intracranial portion Add Vertebral artery, intracranial portion
Pelvic Cavity	Add Space of Retzius
Subcutaneous Tissue and Fascia, Face	Add Chin

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Stony Brook Medicine

New Codes

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Stony Brook Medicine SHORT-TERM EXTERNAL HEART ASSIST SYSTEM

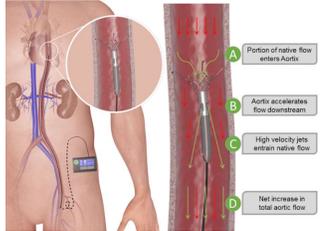
- Device value **R** for **short-term external heart assist system** was added to the following tables in the Heart and Great Vessel body system for body part **W** Thoracic Aorta, Descending:
 - 02H Insertion
 - 02P Removal
 - 02W Revision
- 3 New Codes Total
- There are also new “New Technology” codes for short-term external heart assist system

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Stony Brook Medicine SHORT-TERM EXTERNAL HEART ASSIST SYSTEM

- Represents the use of the Aortix System
- Treats heart failure

AORTIX™ harnesses fluid entrainment to augment native blood flow



The diagram illustrates the Aortix system's mechanism. It shows a cross-section of the aorta with a catheter inserted. Red arrows indicate the flow of blood. Labels A, B, C, and D describe the process: A) Portion of native flow enters Aortix; B) Aorta accelerates flow downstream; C) High velocity jets entrain native flow; D) Net increase in total aortic flow.

https://res.cloudinary.com/tbmj/c_scale,w_900/v1519382112/ctf/entries/2015/20150427114010_Procyron_02.png

111

Stony Brook Medicine REPOSITION OF LARYNX

- Body part value **S** for **Larynx** was added to the root operation table Reposition in the Mouth and Throat body system:
 - 0CSS[0,7,8]ZZ Reposition of Larynx
 - Open approach
 - Via natural or artificial opening
 - Via natural or artificial opening endoscopic
 - Will place case into surgical DRG

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Stony Brook Medicine INSERTION OF MAGNETIC LENGTHENING DEVICE INTO ESOPHAGUS

- Device value **J** for **Magnetic Lengthening Device**:
- Was added to table **ODH** Insertion Gastrointestinal System
- For body parts Upper, Middle, and Lower Esophagus (1,2,3)
- 0DH[1,2,3]7JZ
- 3 New Codes Total
- Not considered a “surgical” procedure

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Stony Brook Medicine INSERTION OF MAGNETIC LENGTHENING DEVICE INTO ESOPHAGUS

- Used to treat esophageal atresia, a condition in which an infant is born with an upper esophagus that ends in a pouch rather than connecting normally to the stomach, resulting in the inability of food to pass from the mouth to the stomach.
- Was granted Humanitarian Use Device (HUD) status by the FDA 10/28/10
- Was granted Humanitarian Device Exemption 5/12/17

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Stony Brook Medicine **INSERTION OF MAGNETIC LENGTHENING DEVICE INTO ESOPHAGUS**

Upper Esophageal Pouch
Oral Catheter
Magnet
Stomach
Gastrostomy Site
Gastric Catheter

Oral Catheter
1. Magnet
2. Suction Port
Gastric Catheter
3. Magnet
4. Balloon Irrigation Port
5. Feeding & Medication Port
6. Bolster (outer anchor)

<https://www.fda.gov/media/142156/download>

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Stony Brook Medicine **INSERTION OF MAGNETIC LENGTHENING DEVICE INTO ESOPHAGUS**

We regret to inform you that the Flourish® Pediatric Esophageal Atresia device is no longer commercially available. It's important to note that the withdrawal of the Flourish device was not due to any safety or quality concerns. If you have questions, please contact a Flourish representative at FlourishHDE@CookMedical.com. Thank you.

<https://www.cookmedical.com/products/3eb098bd-d8b5-4d31-a848-014f33d9955c/>

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Stony Brook Medicine **DEFIBRILLATOR LEAD PROCEDURES OF MEDIASTINUM**

- Device value **G** Defibrillator Lead was added to the following tables in the Anatomical Regions, General Body Systems for the body part **Mediastinum**:
 - OWH Insertion
 - OWP Removal
 - OWW Revision
- 0WHC[0,3,4]GZ
- 0WPC[0,3,4,X]GZ
- 0WWC[0,3,4,X]GZ
- All result in surgical DRG except those done via an external approach

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Stony Brook Medicine RESPIRATORY ASSISTANCE INTUBATED IN PRONE POSITION

Prone positioning is a physiologic treatment...

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Stony Brook Medicine FLUORESCENCE GUIDED PROCEDURES

- **Table 8E0 has a new qualifier value N for Pafolacianine (Cytalux)**
 - Intended for use with body parts Female Reproductive and Trunk Region
- **Ovarian Cancer Indication**
 - Adjunct for intraoperative identification of malignant lesions in adult patients with ovarian cancer
 - Infused via IV over 60 minutes, 1-9 hours prior to procedure
 - Documentation should be found in operative report and/or MAR
- **Lung Lesion Indication**
 - Adjunct for intraoperative identification of malignant and non-malignant lesions in adult patients with lung cancer
 - Infused via IV over 60 minutes, 1-24 hours prior to surgery
 - Documentation should be found in operative report and/or MAR

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Stony Brook Medicine FLUORESCENCE GUIDED PROCEDURES

ICD-10-CM/PCS C&M Meeting March 2023

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Stony Brook Medicine

New Technology Codes

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Stony Brook Medicine NEW TECHNOLOGY CODES

- Five **new** tables were added to the new technology section:
 - X05 Nervous system destruction
 - X2H Cardiovascular system, insertion
 - X2U Cardiovascular system, supplement
 - XNR Bones, replacement
 - XX2 Physiological systems, monitoring
- One table was **deleted** from the new technology section:
 - XV5 Male reproductive system, destruction

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Stony Brook Medicine CNS MONITORING WITH COMPUTER AIDED DETECTION AND NOTIFICATION

- New code XX20X89
- Use for monitoring intracranial electrical activity to detect delirium and status epilepticus (EEG)
- Brand Name: Ceribell Monitor Software
- Single use patient headband, bedside recorder, and proprietary software that uses machine learning models.

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Stony Brook Medicine CNS MONITORING WITH COMPUTER AIDED DETECTION AND NOTIFICATION



DENIS PRUDENCIO
DNP, RN, PCCN

Denis Prudencio demonstrates the Ceribell EEG System

<https://i.ytimg.com/vi/TWrndkBVcVc/hqdefault.jpg>

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Stony Brook Medicine MUSCLE COMPARTMENT PRESSURE MONITORING SYSTEM

- New code XX2F3W9
- Brand Name: MY01 Continuous Compartmental Pressure Monitor
- Used for real-time monitoring compartment pressure after injuries.
- Single patient use for up to 18 hours including an introducer and pressure monitor.

ICD-10-CM/PCS C&M Meeting March 2023

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Stony Brook Medicine MUSCLE COMPARTMENT PRESSURE MONITORING SYSTEM



Timely Sensing for Acute Compartment Syndrome

MICRO PRESSURE SENSOR WITHIN THE MUSCLE

https://www.c2mi.ca/wp-content/uploads/2020/10/MY01_LANCEMENT.jpg

129

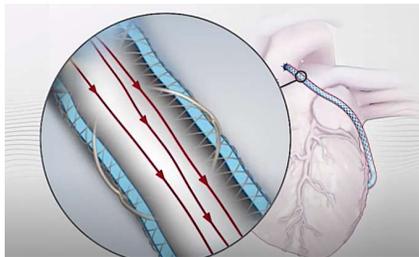
Stony Brook Medicine SAPHENOUS VEIN GRAFT CONDUIT (SUPPORT DEVICE)

- New code X2U4079
- Root operation supplement
- SVG grafts have a high failure/complications rate. This device is made to reinforce the SVG graft during CABG to improve outcomes.
- Brand name VEST—made of kink-resistant cobalt

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Stony Brook Medicine SAPHENOUS VEIN GRAFT CONDUIT (SUPPORT DEVICE)



https://www.dicardiology.com/sites/default/files/VEST_Vein_graft_support_for_CABG-2.jpg

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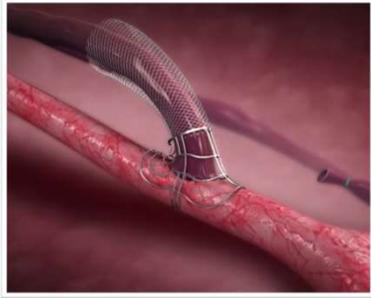
Stony Brook Medicine EXTRALUMINAL SUPPORT DEVICE DURING AV FISTULA CREATION

- New PCS codes X2U[Q,R]0P9
- Root operation supplement
- Brand name VasQ device
- The device retains the optimal configuration of the anastomosis during the critical weeks of maturation post-surgery.

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Stony Brook Medicine EXTRALUMINAL SUPPORT DEVICE DURING AV FISTULA CREATION



<https://www.medgadget.com/wp-content/uploads/2017/08/fistula-repair-side.jpg>

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Stony Brook Medicine ULTRASOUND ABLATION OF RENAL SYMPATHETIC NERVES

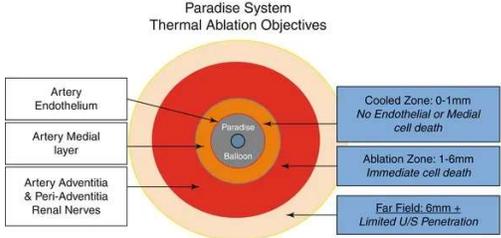
- Represented by code X051329 for the Paradise Ultrasound Renal Denervation System
- The system is intended to treat hypertension by reducing blood pressure by treating overactive renal sympathetic nerves.

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Stony Brook Medicine ULTRASOUND ABLATION OF RENAL SYMPATHETIC NERVES

Paradise System Thermal Ablation Objectives



Artery Endothelium
Artery Medial layer
Artery Adventitia & Peri-Adventitia Renal Nerves

Paradise Balloon

Cooled Zone: 0-1mm
No Endothelial or Medial cell death

Ablation Zone: 1-6mm
Immediate cell death

Far Field: 6mm+
Limited US Penetration

https://0.wp.com/abdominalkey.com/wp-content/uploads/2017/06/A312688_1_En_9_Fig2_HTML.jpg?w=960

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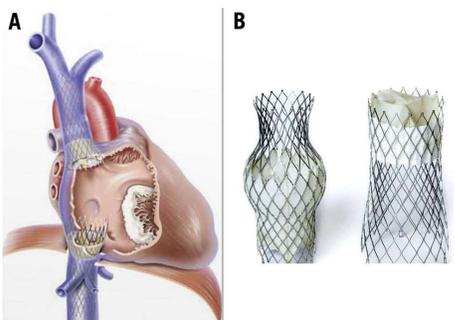
Stony Brook Medicine IVC & SVC BIOPROSTHETIC VALVE FOR TRICUSPID REGURGITATION

- New Codes X2H[0,1]3R9 for IVC and SVC
- TricValve Transcatheter Bicaval Valve System
- Used to treat severe tricuspid regurgitation
- SVC body part is what puts case into surgical DRG

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Stony Brook Medicine IVC & SVC BIOPROSTHETIC VALVE FOR TRICUSPID REGURGITATION



A: Anatomical diagram of the heart showing the tricuspid valve. B: Two views of the TricValve transcatheter bicaval valve system, showing the mesh structure and the valve leaflets.

https://www.asiaintervention.org/wp-content/uploads/2022/10/01_AIJ-D-21-00037-Jin_new.jpg

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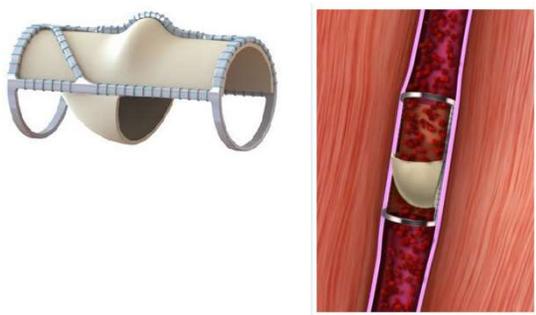
Stony Brook Medicine FEMORAL VEIN BIOPROSTHETIC VALVE

- New codes X2H[2,3]0R9 for femoral veins
- Venovalue system intended to treat chronic venous insufficiency
- Acts as a one-way valve to restore blood flow up the leg and to return sufficient blood back to the heart.

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Stony Brook Medicine FEMORAL VEIN BIOPROSTHETIC VALVE



<https://envveno.com/venovalve/>

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Stony Brook Medicine INTRACARDIAC DUAL-CHAMBER PACEMAKER

- New codes X2H[6,K]3V9
- Aveir System which is the dual-chamber system (modular)
- Aveir AR System is single chamber that gets inserted into the right atrium.
- Developed in response to the complications associated with transvenous/epicardial leads.
- Delivered via the femoral vein, the system comprises of two implanted leadless pacemakers that provide dual chamber pacing therapy.
- Each lead is directly implanted into the appropriate chamber (right atrium and ventricle).

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Stony Brook Medicine INTRACARDIAC DUAL-CHAMBER PACEMAKER



<https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcRpxmAa5YH8tqKdBLmqHqmBTGc69OINKL40w&usqp=CAU>

141

Stony Brook Medicine CONDUIT TO SHORT-TERM EXTERNAL HEART ASSIST SYSTEM

- New codes X2H[L,M,X]0F9
- Describes the insertion of a short-term external heart assist system using an axillary artery or ascending thoracic aorta conduit that allows patient ambulation.



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Stony Brook Medicine ULTRASOUND PENETRABLE SKULL PLATE

- New code XNR80D9
- Root operation replacement
- Brand name: Longeviti ClearFit OTS Cranial Implant
- Would allow for bedside evaluation of patient via ultrasound rather than risky transport to MRI/CT. Also reduces exposure to radiation.

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Stony Brook Medicine ULTRASOUND PENETRABLE SKULL PLATE



<https://neuronewsinternational.com/wp-content/uploads/sites/3/2021/01/clear-fit.jpg>

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Stony Brook Medicine TARSAL/TALAR REPLACEMENT

- New code XNR[L,M]099
- Root Operation Replacement
- Brand Name: 4WEB Total Ankle Talar Replacement (TATR)



<https://paragon28.com/app/uploads/2021/12/total-talus-replacemnt-hero.png>

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Stony Brook Medicine BYPASS FEMORAL ARTERY WITH FEMORAL VEIN CONDUIT

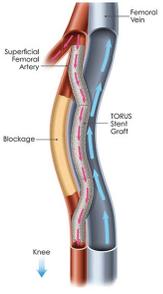
- New codes X2K[H,J]3[D,E]9
- Devices are:
 - D Conduit through femoral vein to superficial femoral artery
 - E Conduit through femoral vein to popliteal artery

Food & Drug Administration (FDA) Approval? No. The DETOUR® System (formerly known as the PQ Bypass System) received Breakthrough Device Designation from the FDA on September 2, 2020, and is indicated for percutaneous revascularization of symptomatic femoropopliteal lesions 200mm to 460mm with a chronic total occlusion 100mm to 425mm, and/or moderate-to-severe calcification, and/or in-stent-restenosis in patients with severe peripheral arterial disease. According to the requestor, FDA approval is anticipated by second quarter 2023.

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Stony Brook Medicine BYPASS FEMORAL ARTERY WITH FEMORAL VEIN CONDUIT



https://interventionalnews.com/wp-content/uploads/sites/13/2017/12/DETOUR_400px.gif

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Stony Brook Medicine TIBIAL EXTENSION MOTION SENSOR

- New codes XNH[G,H]0F9
- Root operation insertion for the insertion of the sensors
- Used during total knee replacements (TKR)
- CHIRP System used for patients undergoing cemented TKA.
- Provides objective kinematic data from the implanted medical device during the patient's post-surgical care.

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Stony Brook Medicine TIBIAL EXTENSION MOTION SENSOR

The diagram illustrates the Tibial Extension Motion Sensor system. It features a 'Canary Tibial Extension (CTE) Implant' connected via 'Bi-directional Communication' to two 'Base Station' units. 'Base Station 1' handles 'CTE Implant Insertion and Registration Information', while 'Base Station 2' handles 'Home Data Transmission'. Both base stations connect to the 'Canary Medical Cloud Based Data Management Platform'. This platform provides 'FDA Class I Regulated Architecture and Functionality' and 'Risk Assessment using analysis' applied to 'Sensor (or Data) into Clinically relevant metrics'. The platform also connects via 'Bi-directional Communication' to an 'HCP Dashboard' (with 'Data Analysis', 'Registration Lists', 'Risk-based Use Impacts', and 'Software Change Release/patch analysis') and a 'Patient Dashboard' (with 'Objective Data Analysis', 'Communication with HCP', 'Web-based Alerts, and Smart Alerts compatible with Tablets').

<https://journalof.scholasticahq.com/article/35270-the-talking-knee-is-a-reality-what-your-knee-can-tell-you-after-total-knee-arthroplasty/attachment/90444.png>

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Stony Brook Medicine OPEN TRUSS ANKLE AND TARSAL FUSION SYSTEM

- New codes XRG[J,K,L,M]0B9
- 4WEB Ankle Truss System (ATS)
 - Can include a tibiotalarcalcaneal (TTC) nail as part of the TTC fusion system

The image shows a 3D model of the 4WEB Ankle Truss System (ATS), which is a blue and white truss structure. Below it is a skeletal diagram of the ankle and foot, highlighting the location of the truss and the Tibiotalarcalcaneal (TTC) nail.

<https://4webmedical.com/wp-content/uploads/2022/10/IMG8@2x.png>

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 NEW TECHNOLOGY DRUGS

- Glofitamab: used to treat relapsed/refractory Diffuse Large B-Cell Lymphoma in Adults
 - XW0[3,4]3P9
- Posoleucel: used to treat Virus Associated Hemorrhagic Cystitis (vHC) in patients who are immunocompromised due to post-transplant status
 - XW0[3,4]3Q9

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 NEW TECHNOLOGY DRUGS

- Rezafungin: used to treat candidemia and invasive candidiasis in adults
 - XW0[3,4]3R9
- SER-109: biologic treatment of c-diff colitis
 - XXWDXN9
- Sulbactam-Durlobactam: used to treat drug resistant Acinetobacter infections
 - XW0[3,4]3K9
- Quizartinib: antineoplastic used to treat Acute Myeloid Leukemia (AML)
 - XW0DXJ9

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 NEW TECHNOLOGY DRUGS

- Elranatamab: antineoplastic used to treat refractory/relapsed Multiple Myeloma
 - XW013L9
- Epcoritamab: Monoclonal antibody used to treat relapsed/refractory Large B-Cell Lymphoma in adults
 - XW013S9
- Melphalan Hydrochloride: used to treat patients with unresectable hepatic-dominant metastatic ocular melanoma
 - XW053T9
- Lovotibeglogene autotemcel (lovo-cel): used for the treatment of sickle cell disease
 - XW1[3,4]3H9

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 MDC CHANGES

- MDC 05 Diseases and Disorders of the Circulatory System
 - Added new MS-DRG 212 (Concomitant Aortic and Mitral Valve Procedures)
 - Reassigned procedure code 02HA0RZ for open insertion of short-term external heart assist device as a standalone procedure from MS-DRG 215 to Pre-MDC MS-DRGs 001-002
 - Deleted MS-DRGs 222–223 (Cardiac Defibrillator Implant with Cardiac Catheterization with Acute Myocardial Infarction (AMI), Heart Failure (HF), or Shock with and without MCC)
 - Deleted MS-DRGs 224–225 (Cardiac Defibrillator Implant with Cardiac Catheterization without AMI, HF, or Shock with and without MCC)
 - Deleted MS-DRGs 226–227 (Cardiac Defibrillator Implant without Cardiac Catheterization with and without MCC)
 - Deleted MS-DRGs 246–247 (Percutaneous Cardiovascular Procedures with Drug-Eluting Stent with MCC or 4+ Arteries or Stents and without MCC)

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 MDC CHANGES MDC 5 CONTINUED

- Deleted MS-DRG 248–249 (Percutaneous Cardiovascular Procedures with Non-Drug-Eluting Stent with MCC or 4+ Arteries or Stents and without MCC)
- Revised MS-DRGs 250–251 to Percutaneous Cardiovascular Procedures without Intraluminal Device with and without MCC
- Added new MS-DRGs 275–277 (Cardiac Defibrillator Implant with Cardiac Catheterization and MCC, with MCC, and without MCC)
- Added new MS-DRGs 278–279 (Ultrasound Accelerated and Other Thrombolysis of Peripheral Vascular Structures with and without MCC)
- Added new MS-DRGs 321–322 (Percutaneous Cardiovascular Procedures with Intraluminal Device with MCC or 4+ Arteries/Intraluminal Devices and without MCC)
- Added new MS-DRGs 323–325 (Coronary Intravascular Lithotripsy with Intraluminal Device with MCC, without MCC, and without Intraluminal Device/MCC)

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 MDC CHANGES

- MDC 06 Diseases and Disorders of the Digestive System
 - Deleted MS-DRGs 338–340 (Appendectomy with Complicated Principal Diagnosis with MCC, with CC, and without CC/MCC)
 - Deleted MS-DRGs 341–343 (Appendectomy without Complicated Principal Diagnosis with MCC, with CC, and without CC/MCC)
 - Added new MS-DRGs 397–399 (Appendix Procedures with MCC, with CC, and without CC/MCC)
- MDC 16 Diseases and Disorders of Blood, Blood Forming Organs and Immunologic Disorders
 - Revised MS-DRGs 799–801 to Splenic Procedures with MCC, with CC, and without CC/MCC

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Stony Brook Medicine MDC CHANGES

- Conducted annual review of procedure code assignments grouping to MS-DRGs 981–983 and 987–989
 - Reassigned procedure code 0DTN4ZZ describing percutaneous endoscopic resection of colon to MDC 11 under MS-DRGs 673–675 (Other Kidney and Urinary Tract Procedures with MCC, with CC, and without CC/MCC)
 - Reassigned 28 procedure codes describing open excision of muscle to MDC 05 under MS-DRG 264 (Other Circulatory System O.R. Procedures)
 - Reassigned procedure code 0NR00JZ describing open replacement of skull with synthetic substitute to MDC 09 under MS-DRGs 579–581 (Other Skin, Subcutaneous Tissue and Breast Procedures with MCC, with CC, and without CC/MCC)
 - Reassigned procedure codes 0T768DZ, 0T778DZ, and 0T788DZ describing endoscopic dilation of ureters with intraluminal device to MDC 05 under MS-DRG 264 (Other Circulatory System O.R. Procedures)
 - Reassigned nine procedure codes describing occlusion of splenic artery to MDC 16 under MS-DRGs 799–801 (Splenic Procedures with MCC, with CC, and without CC/MCC)

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https://t4.ftcdn.net/jpg/00/86/68/19/360_F_86681903_BdX43a06Z9QJkyeoJEXsmfdNjKahQbi.jpg

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References

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REFERENCES

- <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ipp-final-rule-home-page>
- <https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-coordination-maintenance-committee-materials>
