

Long Island Health Information Management Association

FFY 2019 IPPS & ICD-10-CM & PCS Update

Presented by:

John W. Ruth, MBA, RHIA
AHIMA Approved ICD-10-CM/PCS
Trainer
Director, Revenue Integrity
Stony Brook University Hospital
john.ruth@stonybrookmedicine.edu

Melissa Minski, RHIA, CCS, CCDS,
AHIMA Approved ICD-10-CM/PCS
Trainer
Associate Director, Revenue Integrity
Staff Development
Stony Brook University Hospital
melissa.minski@stonybrookmedicine.edu

Agenda

- 2020 IPPS Update
 - 2020 ICD-10-CM Update
 - 2020 ICD-10-PCS Update
-

ICD-10-CM Update



Summary of ICD-10-CM Changes

273 New Codes

30 Revised Codes

7 Deleted Codes

Legal Intervention

- ICD-10-CM codes were created for all legal intervention codes when the injured person is not specified in the health record.

No Change

Y35.2 Legal intervention involving gas

No Change

Y35.20 Legal intervention involving unspecified gas

Add

Y35.209 Legal intervention involving unspecified gas, unspecified person injured

No Change

Y35.21 Legal intervention involving injury by tear gas

Add

Y35.219 Legal intervention involving injury by tear gas, unspecified person injured

No Change

Y35.29 Legal intervention involving other gas

Add

Y35.299 Legal intervention involving other gas, unspecified person injured

Legal Intervention Cont'd

➤ Legal Intervention Involving Conducted Energy Device (CED)

➤ Known as Tasers or stun guns

Add

Y35.83 Legal intervention involving a conducted energy device

Add

Electroshock device (taser)

Add

Stun gun

Add

Y35.831 Legal intervention involving a conducted energy device, law enforcement official injured

Add

Y35.832 Legal intervention involving a conducted energy device, bystander injured

Add

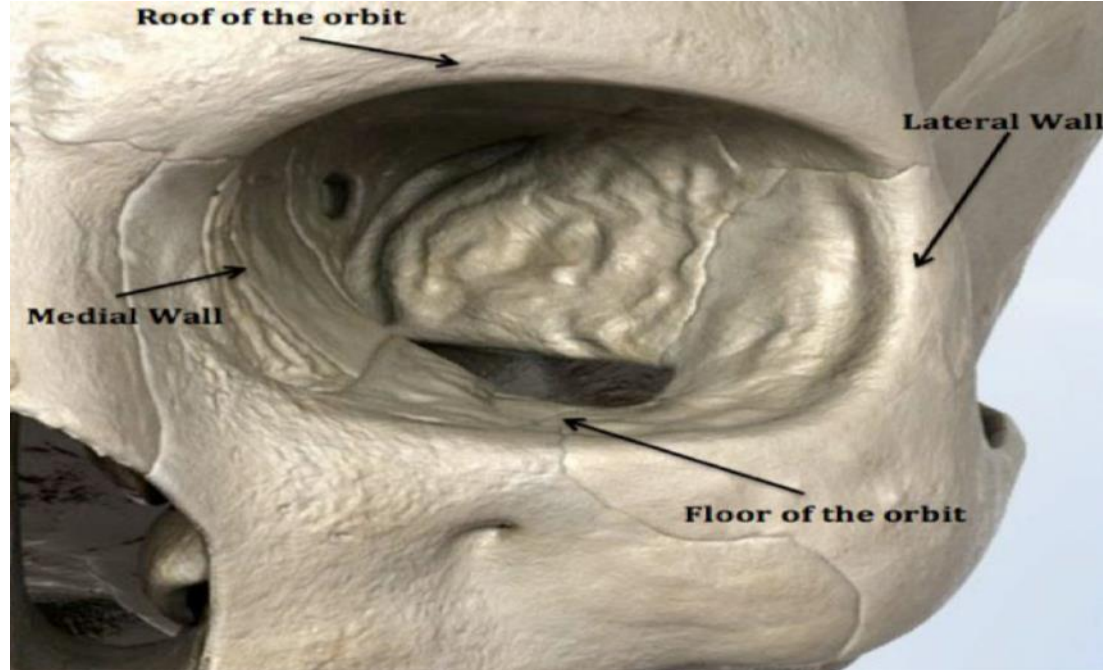
Y35.833 Legal intervention involving a conducted energy device, suspect injured

Add

Y35.839 Legal intervention involving a conducted energy device, unspecified person injured

Orbital Fracture Expansion

- New codes have been added to category S02 for fractures of the orbital roof, lateral wall, and medial wall.
- Laterality for left and right eye have also been added.



Orbital Fracture Expansion

➤ Open orbital roof fractures have an MCC status



MCC Status

➤ Orbital wall fractures have a CC status



CC Status

Pressure Induced Tissue Damage

- Deep tissue injury was indexed to “ulcer, pressure, unstageable, by site” for 2019. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed.
 - Coding Clinic 3rd Quarter 2016 pages 38-39
 - The National Pressure Ulcer Advisory Panel (NPUAP) adopted several changes to pressure ulcer staging creating inconsistencies with ICD-10
-

Pressure Induced Tissue Damage Cont'd

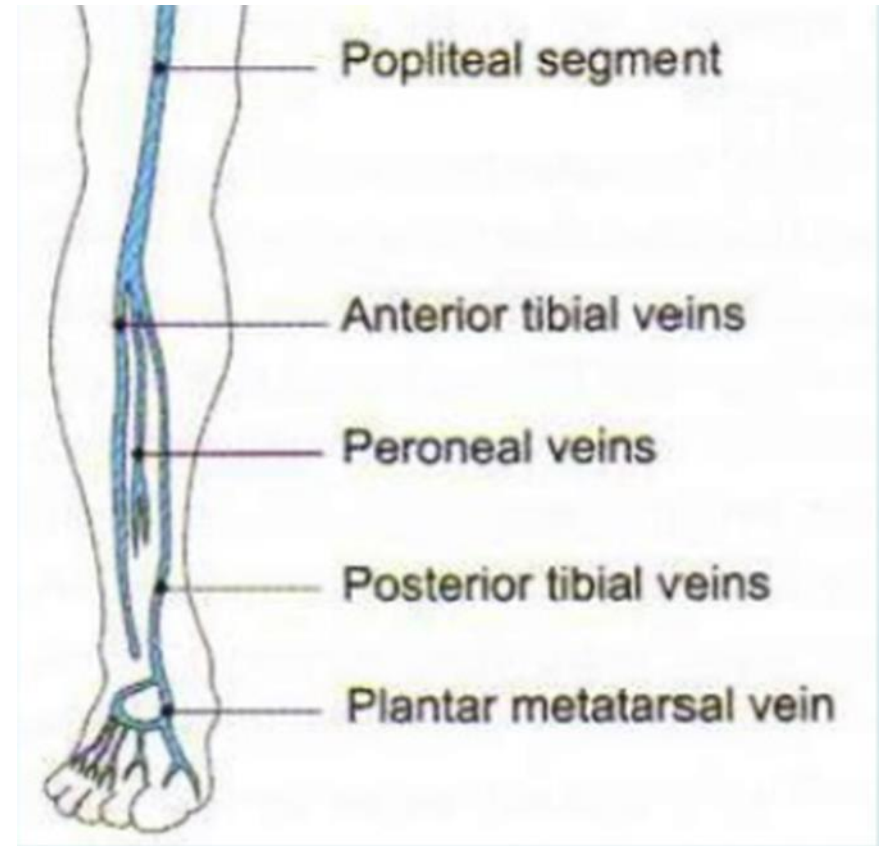
- Deep Tissue Pressure Injury (DTPI) is now defined as “intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister
- Codes added were L89.___6

CC Status

Phlebitis & Thrombophlebitis of Peroneal & Calf Muscular Vein

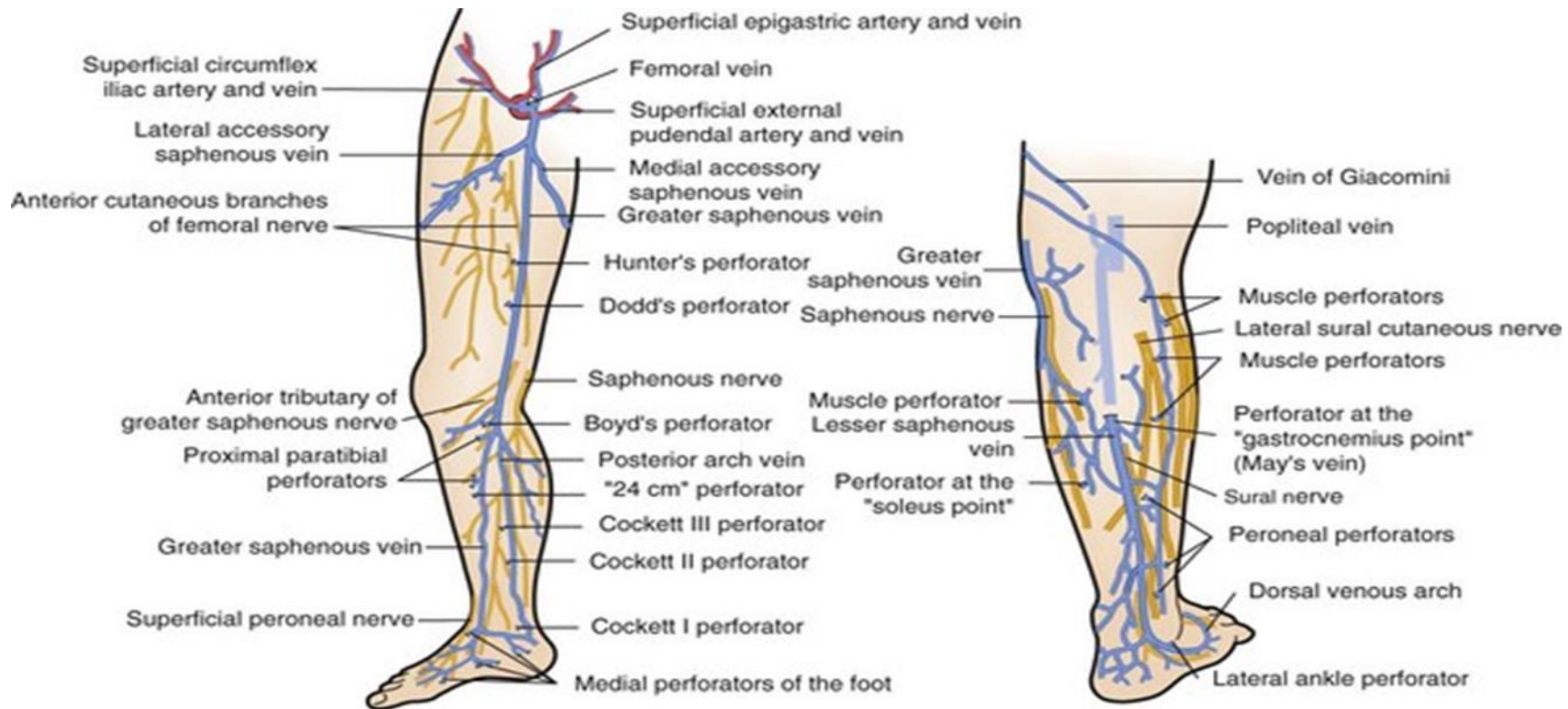
- Code I80.24- was added for phlebitis & thrombophlebitis of peroneal vein

CC Status



Phlebitis & Thrombophlebitis of Peroneal & Calf Muscular Vein Cont'd

➤ Code I80.25- was added for phlebitis of muscular vein



Pulmonary Embolism

- It was proposed by the Hospital for Special Surgery (HSS) in New York that specific ICD-10-CM codes be created for certain types of sub-segmental pulmonary emboli (SSPE)
- Codes I23.93 and I23.94 were added for single and multiple SSPE

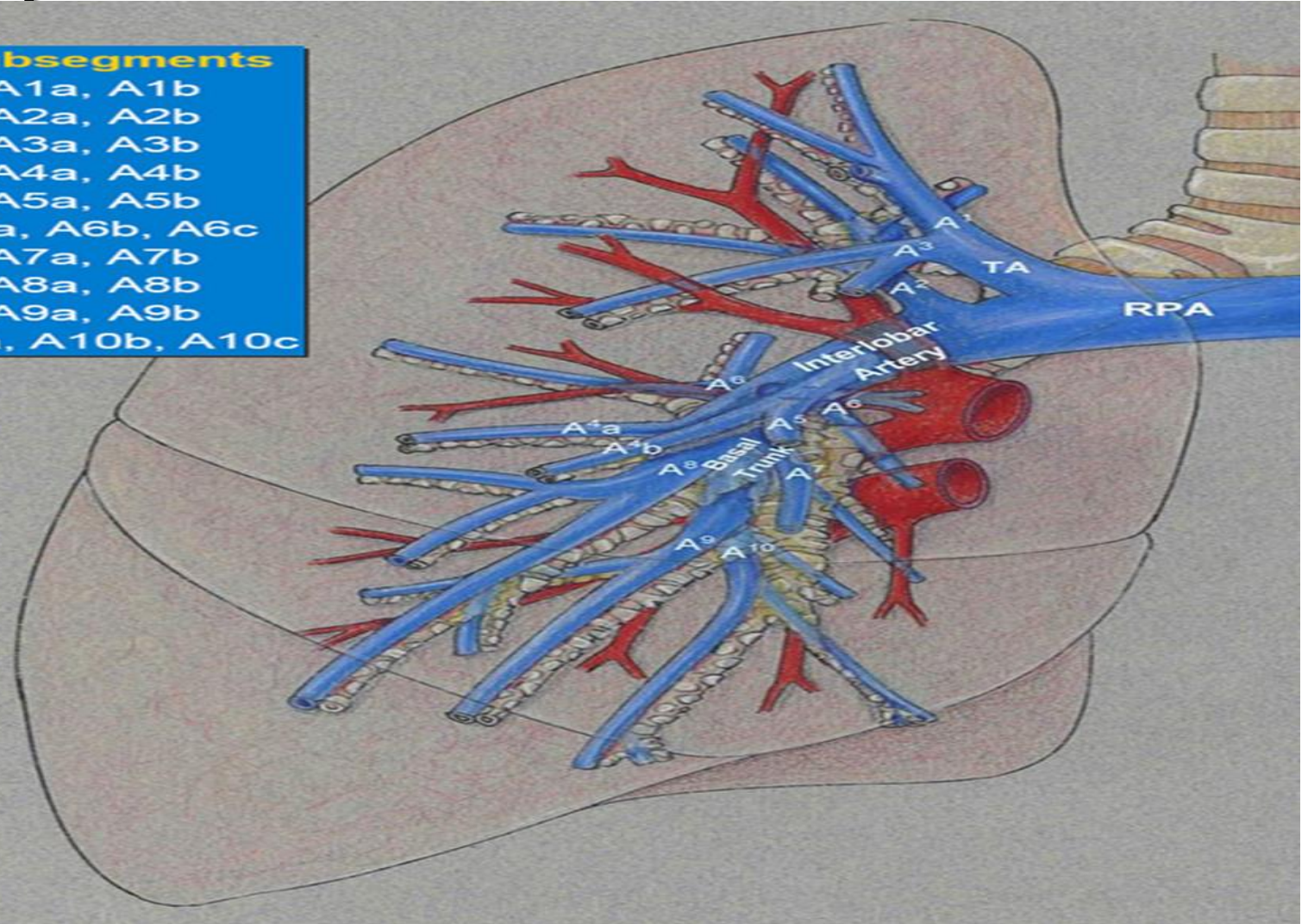
MCC Status

Pulmonary Embolism Cont'd

AP view

Right Lung Segments	Subsegments
Apical RUL	A1
Posterior RUL	A2
Anterior RUL	A3
Lateral RML	A4
Medial RML	A5
Superior RLL	A6
Medial RLL	A7
Anterior RLL	A8
Lateral RLL	A9
Posterior RLL	A10

A1a, A1b
A2a, A2b
A3a, A3b
A4a, A4b
A5a, A5b
A6a, A6b, A6c
A7a, A7b
A8a, A8b
A9a, A9b
A10a, A10b, A10c



Laterality of Congenital Deformities

- Laterality added to select codes under category Q66 Congenital Deformities of Feet.



Poisoning, Adverse Effects, & Underdosing of Multiple Unspecified Drugs

- The American Academy of Pediatrics requested expansion of code category T50.9, Poisoning by, adverse effect of and underdosing of other and unspecified drugs, medicaments and biological substances to create new codes for multiple drug ingestion



Poisoning, Adverse Effects, & Underdosing of Multiple Unspecified Drugs Cont'd

Add

T50.91 Poisoning by, adverse effect of and underdosing of multiple unspecified drugs, medicaments and biological substances

Add

~~Multiple drug ingestion NOC~~

Add

Code also any specific drugs, medicaments and biological substances

Add

T50.911 Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional)

Add

T50.912 Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm

Add

T50.913 Poisoning by multiple unspecified drugs, medicaments and biological substances, assault

Add

T50.914 Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined

Add

T50.915 Adverse effect of multiple unspecified drugs, medicaments and biological substances

Add

T50.916 Underdosing of multiple unspecified drugs, medicaments and biological substances

Poisoning, Adverse Effects, & Underdosing of Multiple Unspecified Drugs Cont'd

- Unfortunately, children can have polypharmacy ingestions.
 - This may occur by accident when a young child gets into medications or intentional when an adolescent makes a suicidal gesture.
 - In many circumstances, the only information available within the initial encounter is that more than one drug was ingested.
 - There are also episodes where the identity of one or more of the ingested agents is not identified.
-

Heat Stroke

- Exertional Heat Stroke (EHS) is the most severe form of Exertional Heat Illness
- Unlike classical or passive heat stroke, which typically develops over days and occurs in hot environments, Exertional Heat Stroke can develop within hours, and often in healthy individuals undergoing strenuous activity in hot, humid environments
- Major complications: death, brain damage/injury, acute renal injury/insufficiency, liver damage, rhabdomyolysis, and disseminated intravascular coagulation
- T67.01, T67.02, T67.09

CC Status

Personal History of Neoplasm In-Situ

- Carcinoma in-situ is a group of abnormal cells that are found only in the place where they first formed in the body, which may become cancer and spread to nearby normal tissue
 - The American Joint Committee on Cancer (AJCC) includes carcinoma in-situ (or tumor in-situ, Tis) in the staging system as it denotes the important relationship of the “T” status and overall risk of recurrence or progression.
 - Z86.002-007
-

Atrial Fibrillation

- **Persistent atrial fibrillation** describes cases that do not terminate within seven days, or that require repeat pharmacological or electrical cardioversion (I48.19)
- **Longstanding persistent atrial fibrillation** is persistent and continuous atrial fibrillation lasting longer than one year. (I48.11)

CC Status

Atrial Fibrillation Cont'd

- **Permanent atrial fibrillation** is persistent or longstanding persistent atrial fibrillation where cardioversion is not indicated, or cannot or will not be performed (I48.21)
- The **term chronic atrial fibrillation** may refer to any of persistent, longstanding persistent, or permanent atrial fibrillation (I48.20)

CC Status

Vertigo of Central Origin

- Central vertigo by definition is vertigo due to a disease originating with the central nervous system (CNS).
- Central vertigo of the left, right, bilateral or unspecified ear codes under subcategory H81.4, Vertigo of central origin is not clinically valid.

No Change	H81 Disorders of vestibular function
No Change	H81.4 Vertigo of central origin
Delete	H81.41 Vertigo of central origin, right ear
Delete	H81.42 Vertigo of central origin, left ear
Delete	H81.43 Vertigo of central origin, bilateral
Delete	H81.49 Vertigo of central origin, unspecified ear

Breast Lump In Overlapping Quadrants

- The new codes will allow for proper code assignment when an unspecified lump in the breast overlaps anatomic sites classifiable to different codes

No Change N63 Unspecified lump in breast

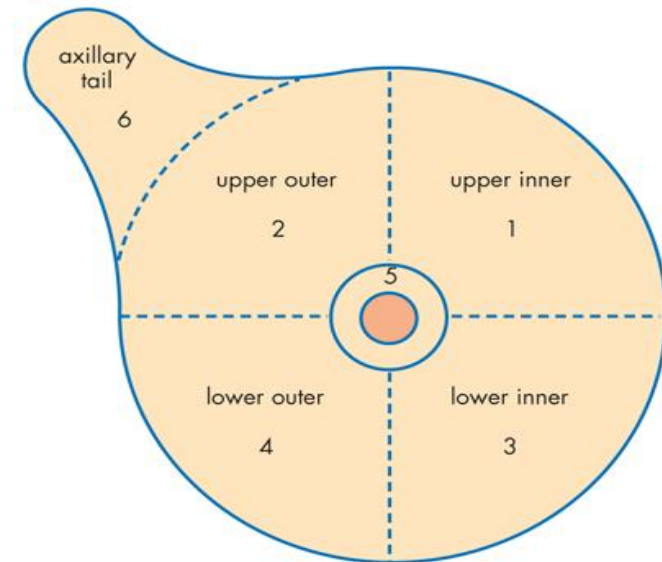
No Change N63.1 Unspecified lump in the right breast

Add **N63.15 Unspecified lump in the right breast, overlapping quadrants**

No Change N63.2 Unspecified lump in the left breast

Add **N63.25 Unspecified lump in the left breast, overlapping quadrants**

Right breast



Source: John Murtagh, Jill Rosenblatt: *John Murtagh's General Practice*, 6e: www.murtagh.mhmedical.com
Copyright © McGraw-Hill Education. All rights reserved.

Cyclical Vomiting Syndrome

- Cyclical vomiting syndrome is described by episodes of severe vomiting that have no identifiable cause
- Cyclical vomiting syndrome may or may not be related to migraine
- Treatment usually involves medications, including anti-nausea and migraine therapies, that may help lessen symptoms.

R11.15 **Cyclical** vomiting syndrome unrelated to migraine

Cyclic vomiting syndrome NOS

Persistent vomiting

EXCLUDES 1 cyclical vomiting in migraine (G43.A-)

EXCLUDES 2 bulimia nervosa (F50.2)

diabetes mellitus due to underlying condition (E08.-)

Pyuria

- Pyuria is the presence of white blood cells in the urine
- Pyuria is was indexed to code N39.0, Urinary tract infection.
- There was no unique code for reporting pyuria.
- Sterile pyuria is the finding when a patient has pyuria and no cause can be found (no tumor, no true urinary tract infection, and no stone disease)
- Category R82.8 has been expanded for new pyuria code R82.81

No Change

R82.8 Abnormal findings on cytological and histological examination of urine

Add

R82.81 Pyuria

Add

Sterile pyuria

Add

R82.89 Other abnormal findings on cytological and histological examination of urine

No Change

N39 Other disorders of urinary system

No Change

N39.0 Urinary tract infection, site not specified

Add

Excludes1: pyuria (R82.81)

Latent Tuberculosis

- ICD-10 CM codes do not differentiate between latent tuberculosis and active tuberculosis disease
- Distinguishing between these two conditions is important since they have very different short-term and long-term consequences for both the patient and for public health

W120026 (211.7)

Z11.7 Encounter for testing for **latent tuberculosis** infection

Z22.7 **Latent tuberculosis**

Latent tuberculosis infection (LTBI)

EXCLUDES 1

*nonspecific reaction to cell mediated immunity
measurement of gamma interferon antigen
response without active tuberculosis (R76.12)
nonspecific reaction to tuberculin skin test without
active tuberculosis (R76.11)*

Presence of Neurostimulators

- The 2019 ICD-10-CM code for attention to neurostimulators, assigned for routine device replacement used the outdated term "neuropacemaker."
- It was requested to update the wording to "neurostimulator" for consistency

Z45.42 Encounter for adjustment and management of neurostimulator

- ▶ Encounter for adjustment and management of brain neurostimulator ◀
- ▶ Encounter for adjustment and management of gastric neurostimulator ◀
- ▶ Encounter for adjustment and management of peripheral nerve neurostimulator ◀
- ▶ Encounter for adjustment and management of sacral nerve neurostimulator ◀
- ▶ Encounter for adjustment and management of spinal cord neurostimulator ◀
- ▶ Encounter for adjustment and management of vagus nerve neurostimulator ◀

CC/MCC Changes

New MCC List

Code	Description
I26.93	Single subsegmental pulmonary embolism without acute cor pulmonale
I26.94	Multiple subsegmental pulmonary emboli without acute cor pulmonale
S02.121B	Fracture of orbital roof, right side, initial encounter for open fracture
S02.122B	Fracture of orbital roof, left side, initial encounter for open fracture
S02.129B	Fracture of orbital roof, unspecified side, initial encounter for open fracture

Deletions to the MCC List



New Code CC List

Code	Description
D81.30	Adenosine deaminase deficiency unspecified
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation unspecified
I48.21	Permanent atrial fibrillation
I80.241	Phlebitis and thrombophlebitis of right peroneal vein
I80.242	Phlebitis and thrombophlebitis of left peroneal vein
I80.243	Phlebitis and thrombophlebitis of peroneal vein bilateral
I80.249	Phlebitis and thrombophlebitis of unspecified peroneal vein
I82.451	Acute embolism and thrombosis of right peroneal vein
I82.452	Acute embolism and thrombosis of left peroneal vein
I82.453	Acute embolism and thrombosis of peroneal vein bilateral
I82.459	Acute embolism and thrombosis of unspecified peroneal vein
I82.551	Chronic embolism and thrombosis of right peroneal vein
I82.552	Chronic embolism and thrombosis of left peroneal vein
I82.553	Chronic embolism and thrombosis of peroneal vein bilateral

New Code CC List Cont'd

Code	Description
I82.559	Chronic embolism and thrombosis of unspecified peroneal vein
Q79.60	Ehlers-Danlos syndrome unspecified
Q79.61	Classical Ehlers-Danlos syndrome
Q79.62	Hypermobile Ehlers-Danlos syndrome
Q79.63	Vascular Ehlers-Danlos syndrome
Q79.69	Other Ehlers-Danlos syndromes
Q87.11	Prader-Willi syndrome
Q87.19	Other congenital malformation syndromes predominantly associated with short stature
S02.121A	Fracture of orbital roof right side initial encounter for closed fracture
S02.121K	Fracture of orbital roof right side subsequent encounter for fracture with nonunion
S02.122A	Fracture of orbital roof left side initial encounter for closed fracture
S02.122K	Fracture of orbital roof left side
S02.129A	Fracture of orbital roof unspecified side initial encounter for closed fracture
S02.129K	Fracture of orbital roof unspecified side subsequent encounter for fracture with nonunion
S02.831A	Fracture of medial orbital wall right side initial encounter for closed fracture
S02.831B	Fracture of medial orbital wall right side initial encounter for open fracture
S02.831K	Fracture of medial orbital wall right side subsequent encounter for fracture with nonunion

New Code CC List Cont'd

Code	Description
S02.832A	Fracture of medial orbital wall, left side, initial encounter for closed fracture
S02.832B	Fracture of medial orbital wall, left side, initial encounter for open fracture
S02.832K	Fracture of medial orbital wall, left side, subsequent encounter for fracture with nonunion
S02.839A	Fracture of medial orbital wall, unspecified side, initial encounter for closed fracture
S02.839B	Fracture of medial orbital wall, unspecified side, initial encounter for open fracture
S02.839K	Fracture of medial orbital wall, unspecified side, subsequent encounter for fracture with nonunion
S02.841A	Fracture of lateral orbital wall, right side, initial encounter for closed fracture
S02.841B	Fracture of lateral orbital wall, right side, initial encounter for open fracture
S02.841K	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with nonunion
S02.842A	Fracture of lateral orbital wall, left side, initial encounter for closed fracture
S02.842B	Fracture of lateral orbital wall, left side, initial encounter for open fracture
S02.842K	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with nonunion
S02.849A	Fracture of lateral orbital wall, unspecified side, initial encounter for closed fracture
S02.849B	Fracture of lateral orbital wall, unspecified side, initial encounter for open fracture
S02.849K	Fracture of lateral orbital wall, unspecified side, subsequent encounter for fracture with nonunion
S02.85XA	Fracture of orbit, unspecified, initial encounter for closed fracture
S02.85XB	Fracture of orbit, unspecified, initial encounter for open fracture
S02.85XK	Fracture of orbit, unspecified, subsequent encounter for fracture with nonunion

Non-CC Upgraded to CC

Code	Description
Z16.10	Resistance to unspecified beta lactam antibiotics
Z16.11	Resistance to penicillins
Z16.12	Extended spectrum beta lactamase (ESBL) resistance
Z16.19	Resistance to other specified beta lactam antibiotics
Z16.20	Resistance to unspecified antibiotic
Z16.21	Resistance to vancomycin
Z16.22	Resistance to vancomycin related antibiotics
Z16.23	Resistance to quinolones and fluoroquinolones
Z16.24	Resistance to multiple antibiotics
Z16.29	Resistance to other single specified antibiotic
Z16.30	Resistance to unspecified antimicrobial drugs
Z16.31	Resistance to antiparasitic drug(s)
Z16.32	Resistance to antifungal drug(s)
Z16.33	Resistance to antiviral drug(s)
Z16.341	Resistance to single antimycobacterial drug
Z16.342	Resistance to multiple antimycobacterial drugs
Z16.35	Resistance to multiple antimicrobial drugs
Z16.39	Resistance to other specified antimicrobial drug

CC Deletion List

Code	Description
D81.3	Adenosine deaminase [ADA] deficiency
I48.1	Persistent atrial fibrillation
Q79.6	Ehlers-Danlos syndrome
Q87.1	Congenital malformation syndromes predominantly associated with short stature
T67.0XXA	Heatstroke and sunstroke, initial encounter

ICD-10-CM Guideline Update

With

- The word “with” in the Alphabetic Index is sequenced immediately following the main term **or subterm**, not in alphabetical order.

Diabetes, diabetic — continued
with — continued
retinopathy — continued
proliferative — continued
with
combined traction retinal detachment
and rhegmatogenous retinal de-
tachment E11.354 ✓
macular edema E11.351 ✓
stable proliferative diabetic retinopathy
E11.355 ✓
traction retinal detachment involving the
macula E11.352 ✓
traction retinal detachment not involving
the macula E11.353 ✓
resolved following treatment E09.37 ✓

Type of Myocardial Infarction

- Type 2 myocardial infarction (myocardial infarction due to demand ischemia or secondary to ischemic imbalance) is assigned to code I21.A1, Myocardial infarction type 2 with the underlying cause **coded first**. Do not assign code I24.8, Other forms of acute ischemic heart disease, for the demand ischemia. **If** a type 2 AMI is described as NSTEMI or STEMI, only assign code I21.A1. Codes I21.01-I21.4 should only be assigned for type 1 AMIs.
-

Type of Myocardial Infarction Cont'd

I21.A1 Myocardial infarction type 2 MCC HCC

Myocardial infarction due to demand ischemia

Myocardial infarction secondary to ischemic imbalance

- ▶ Code first the underlying cause, such as:◀
 - ▶ anemia (D50.0-D64.9)◀
 - ▶ chronic obstructive pulmonary disease (J44.-)◀
 - ▶ paroxysmal tachycardia (I47.0-I47.9)◀
 - ▶ shock (R57.0-R57.9)◀

~~Code also the underlying cause, if known and applicable, such as:~~

~~anemia (D50.0-D64.9)~~

~~chronic obstructive pulmonary disease (J44.-)~~

~~heart failure (I50.-)~~

~~paroxysmal tachycardia (I47.0-I47.9)~~

~~renal failure (N17.0-N19)~~

~~shock (R57.0-R57.9)~~

I21.A9 Other myocardial infarction type MCC HCC

Myocardial infarction associated with revascularization procedure

Myocardial infarction type 3

Myocardial infarction type 4a

Myocardial infarction type 4b

Myocardial infarction type 4c

Myocardial infarction type 5

Code first, if applicable, postprocedural myocardial infarction following cardiac surgery (I97.190), or postprocedural myocardial infarction during cardiac surgery (I97.790)

Code also complication, if known and applicable, such as:

(acute) stent occlusion (T82.897-)

(acute) stent stenosis ▶(T82.855-)◀

(acute) stent thrombosis (T82.867-)

cardiac arrest due to underlying cardiac condition (I46.2)

complication of percutaneous coronary intervention (PCI) (I97.89)

occlusion of coronary artery bypass graft (T82.218-)

AHA: 2019,2Q,33

Non-Pressure Chronic Ulcers

b. Non-Pressure Chronic Ulcers

- 1) **Patients admitted with non-pressure ulcers documented as healed**

No code is assigned if the documentation states that the non-pressure ulcer is completely healed **at the time of admission.**

- 4) **Patients admitted with pressure ulcers documented as healed**

No code is assigned if the documentation states that the pressure ulcer is completely healed **at the time of admission.**

Obstetrics

n. Normal Delivery, Code O80

1) Encounter for full term uncomplicated delivery

Code O80 should be assigned when a woman is admitted for a full-term normal delivery and delivers a single, healthy infant without any complications antepartum, during the delivery, or postpartum during the delivery episode. Code O80 is always a principal diagnosis. It is not to be used if any other code from chapter 15 is needed to describe a current complication of the antenatal, delivery, or **postnatal** period. Additional codes from other chapters may be used with code O80 if they are not related to or are in any way complicating the pregnancy.

Obstetrics Cont'd

2) Retained Products of Conception following an abortion

Subsequent encounters for retained products of conception following a spontaneous abortion or elective termination of pregnancy, without complications are assigned O03.4, Incomplete spontaneous abortion without complication, or code O07.4, Failed attempted termination of pregnancy without complication. This advice is appropriate even when the patient was discharged previously with a discharge diagnosis of complete abortion. If the patient has a specific complication associated with the spontaneous abortion or elective termination of pregnancy in addition to retained products of conception, assign the appropriate complication **code** (e.g., O03.-, O04.-, O07.-) instead of code O03.4 or O07.4.

✓4th O03 Spontaneous abortion

NOTE

Incomplete abortion includes retained products of conception following spontaneous abortion

INCLUDES

miscarriage

✓4th O04 Complications following (induced) termination of pregnancy

INCLUDES

complications following (induced) termination of pregnancy

EXCLUDES 1

encounter for elective termination of pregnancy, uncomplicated (Z33.2)
failed attempted termination of pregnancy (O07.-)

✓4th O07 Failed attempted termination of pregnancy

INCLUDES

failure of attempted induction of termination of pregnancy
incomplete elective abortion

EXCLUDES 1

incomplete spontaneous abortion (O03.0-)

Iatrogenic Injuries

3) Iatrogenic injuries

Injury codes from Chapter 19 should not be assigned for injuries that occur during, or as a result of, a medical intervention. Assign the appropriate complication code(s).

Related Coding Clinics:

- Injury due to traumatic endotracheal intubation, ICD-10-CM/PCS Coding Clinic, Second Quarter ICD-10 2019 Pages: 23-24 Effective with discharges: June 21, 2019
- Intraoperative laceration of atrial appendage with hemopericardium, ICD-10-CM/PCS Coding Clinic, Second Quarter ICD-10 2019 Page:24 Effective with discharges: June 21, 2019

Physeal Fractures

3) **Physeal fractures**

For physeal fractures, assign only the code identifying the type of physeal fracture. Do not assign a separate code to identify the specific bone that is fractured.

Related Coding Clinics:

- Salter-Harris physeal fracture of metatarsal bone ICD-10-CM/PCS
Coding Clinic, First Quarter ICD-10 2018 Page: 3 Effective with
discharges: February 18, 2018

Poisoning, Adverse Effects, and Underdosing

4) **If two or more drugs, medicinal or biological substances**

If two or more drugs, medicinal or biological substances are **taken**, code each individually unless a combination code is listed in the Table of Drugs and Chemicals.

If multiple unspecified drugs, medicinal or biological substances were taken, assign the appropriate code from subcategory T50.91, Poisoning by, adverse effect of and underdosing of multiple unspecified drugs, medicaments and biological substances.

Complications

Complication codes from the body system chapters should be assigned for intraoperative and postprocedural complications (e.g., the appropriate complication code from chapter 9 would be assigned for a vascular intraoperative or postprocedural complication) unless the complication is specifically indexed to a T code in chapter 19.

Related Coding Clinic

- Postoperative pseudoaneurysm, ICD-10-CM/PCS Coding Clinic, Second Quarter ICD-10 2019 Pages: 21-22 Effective with discharges: June 21, 2019
-

BMI

Z68

Body type

Body mass index (BMI)

BMI codes should only be assigned when **there is an associated, reportable diagnosis (such as obesity).**

Do not assign BMI codes during pregnancy.

See Section I.B.14 for BMI documentation by clinicians other than the patient's provider.

Uncertain Diagnoses

H. Uncertain Diagnosis

If the diagnosis documented at the time of discharge is qualified as “probable,” “suspected,” “likely,” “questionable,” “possible,” or “still to be ruled out,” “**compatible with,**” “**consistent with,**” or other similar terms indicating uncertainty, code the condition as if it existed or was established. The bases for these guidelines are the diagnostic workup, arrangements for further workup or observation, and initial therapeutic approach that correspond most closely with the established diagnosis.

Note: This guideline is applicable only to inpatient admissions to short-term, acute, long-term care and psychiatric hospitals.

Other Index and Tabular Changes

COPD

Disease→Lung→Obstructive

- **Used to default to J44.9 (COPD)**
- **Now Defaults to J43.9 (Emphysema)**

No Change **J44 Other chronic obstructive pulmonary disease**

Revise from **J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection**

Revise to **J44.0 Chronic obstructive pulmonary disease with (acute) lower respiratory infection**

Gastric AVM

- The code for GI AVM no longer defaults to a congenital code
- A subterm has been added to “see Angiodysplasia”

No Change	Malformation (congenital) - see also Anomaly
No Change	- arteriovenous, aneurysmatic (congenital) Q27.30
No Change	-- brain Q28.2
Add	--- ruptured I60.8
Add	---- intracerebral I61.8
Add	---- intraparenchymal I61.8

Add	---- intraventricular I61.5
Add	---- subarachnoid I60.8
Revise from	-- cerebral Q28.2
Revise to	-- cerebral (see also Malformation, arteriovenous, brain) Q28.2
No Change	-- perineural Q27.30
Revise from	--- digestive system Q27.33
Revise to	--- digestive system - see Angiodysplasia
Add	---- congenital Q27.33

Reference: Arteriovenous malformation of colon, ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2018
Page: 21 Effective with discharges: September 24, 2018

Mesenteric Vein Thrombosis

No Change **Thrombosis, thrombotic (bland) (multiple) (progressive) (silent) (vessel) I82.90**

No Change - mesenteric (artery) (with gangrene) (see also Infarct, intestine) K55.069

Revise from - - vein (inferior) (superior) I81

Revise to - - vein (inferior) (superior) K55.0

- Mesenteric Vein Thrombosis:
 - Was indexed to portal vein thrombosis
 - Now codes to ischemic colitis

Respiratory Disorders of Perinatal Period

No Change **Respiratory and cardiovascular disorders specific to the perinatal period (P19-P29)**

No Change **P22 Respiratory distress of newborn**

Delete

Delete

Excludes1: respiratory arrest of newborn (P28.81)
respiratory failure of newborn NOS (P28.5)

No Change

P22.0 Respiratory distress syndrome of newborn

Add

Add

Excludes2: respiratory arrest of newborn (P28.81)
respiratory failure of newborn NOS (P28.5)

No Change

P22.8 Other respiratory distress of newborn

Add

Add

Excludes1: respiratory arrest of newborn (P28.81)
respiratory failure of newborn NOS (P28.5)

No Change

P22.9 Respiratory distress of newborn, unspecified

Add

Add

Excludes1: respiratory arrest of newborn (P28.81)
respiratory failure of newborn NOS (P28.5)

Obstetrics

➤ Added sub-terms for indexing maternal care affected by fetal bradycardia, depressed heart rate, non-reassuring heart rate and rhythm

unspecified trimester

- ✓ 036.83 Maternal care for abnormalities of the fetal heart rate or rhythm
- ▶ Maternal care for depressed fetal heart rate tones ◀
 - ▶ Maternal care for fetal bradycardia ◀
 - ▶ Maternal care for fetal heart rate abnormal variability ◀
 - ▶ Maternal care for fetal heart rate decelerations ◀
 - ▶ Maternal care for fetal heart rate irregularity ◀
 - ▶ Maternal care for fetal tachycardia ◀
 - ▶ Maternal care for non-reassuring fetal heart rate or rhythm ◀

AHA: 2017, 4Q, 20

Ruptured Aneurysm, AVM, Arteriovenous Fistula, Brain

- Additional options were added for ruptured aneurysm of brain, and AVM, arteriovenous fistula the only default option was subarachnoid (I60.8, Other nontraumatic subarachnoid hemorrhage)
- Intracerebral
- Intraparenchymal
- Intraventricular
- Subarachnoid

No Change	Anastomosis
No Change	- arteriovenous ruptured brain I60.8
Add	-- intracerebral I61.8
Add	-- intraparenchymal I61.8
Add	-- intraventricular I61.5
Add	-- subarachnoid I60.8
No Change	Aneurysm (anastomotic) (artery) (cirroid) (diffuse) (false) (fusiform) (multiple) (saccular) I72.9
No Change	- arteriovenous (congenital) - see also Malformation, arteriovenous
No Change	-- acquired I77.0
No Change	--- brain I67.1
Add	---- ruptured - see Aneurysm, arteriovenous, brain, ruptured
No Change	-- brain Q28.2
No Change	--- ruptured I60.8
Add	---- intracerebral I61.8
Add	---- intraparenchymal I61.8
Add	---- intraventricular I61.5
Add	---- subarachnoid I60.8
No Change	- brain I67.1
No Change	-- arteriovenous (congenital) (nonruptured) Q28.2
No Change	--- acquired I67.1
Revise from	---- ruptured I60.8
Revise to	---- ruptured - see Aneurysm, arteriovenous, brain, ruptured I60.8
Revise from	--- ruptured I60.8
Revise to	--- ruptured - see Aneurysm, arteriovenous, brain, ruptured I60.8

Lower Extremity DVT

No Change

I82 Other venous embolism and thrombosis

No Change

I82.4 Acute embolism and thrombosis of deep veins of lower extremity

No Change

I82.41 Acute embolism and thrombosis of femoral vein

Add

Acute embolism and thrombosis of common femoral vein

Add

Acute embolism and thrombosis of deep femoral vein

No Change

I82.42 Acute embolism and thrombosis of iliac vein

Add

Acute embolism and thrombosis of common iliac vein

Add

Acute embolism and thrombosis of external iliac vein

Add

Acute embolism and thrombosis of internal iliac vein

No Change

I82.44 Acute embolism and thrombosis of tibial vein

Add

Acute embolism and thrombosis of anterior tibial vein

Add

Acute embolism and thrombosis of posterior tibial vein

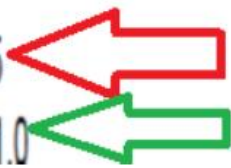
Non-Ischemic Cardiomyopathy

- Non-ischemic cardiomyopathy now indexes to I42.8
- Prior to this there was no index for this under main term cardiomyopathy

CC Status

Delirium

No Change	Delirium, delirious (acute or subacute) (not alcohol- or drug-induced) (with dementia) R41.0
No Change	- due to (secondary to)
Revise from	-- unknown etiology F05
Revise to	-- unknown etiology R41.0



- Changing indexing for Delirium unknown cause:
 - From F05 (Delirium due to known physiological condition)
 - To R41.0 (Disorientation, unspecified)
- **Reference:** Delirium of unknown etiology, ICD-10-CM/PCS Coding Clinic, Second Quarter ICD-10 2019 Page: 34 Effective with discharges: June 21, 2019

Pyelitis & Pyelonephritis with Calculus & Hydronephrosis

- Indexing changes from to N13.2
[Hydronephrosis with renal and ureteral calculous obstruction] to N13.6
[Pyonephrosis]
- There was some discrepancies based on how you indexed the code (see 2019 index hydronephrosis vs. calculus)
- Reference: **Urinary tract infection and hydronephrosis with obstruction due to ureteral calculus** | CD-10-CM/PCS Coding Clinic, **Second Quarter ICD-10 2018** Page: 21 Effective with discharges: June 6, 2018

No Change	Calculus, calculi, calculous
No Change	- pyelitis (impacted) (recurrent) N20.0
Revise from	- - with hydronephrosis N13.2
Revise to	- - with hydronephrosis N13.6
No Change	- pyelonephritis (impacted) (recurrent) - see category N20
Revise from	- - with hydronephrosis N13.2
Revise to	- - with hydronephrosis N13.6
No Change	Pyelitis (congenital) (uremic) - see also Pyelonephritis
No Change	- with
No Change	- - calculus - see category N20
Revise from	- - - with hydronephrosis N13.2
Revise to	- - - with hydronephrosis N13.6
No Change	- chronic N11.9
No Change	- - with calculus - see category N20
Revise from	- - - with hydronephrosis N13.2
Revise to	- - - with hydronephrosis N13.6
No Change	Pyelonephritis - see also Nephritis, tubulo-interstitial
No Change	- with
No Change	- - calculus - see category N20
Revise from	- - - with hydronephrosis N13.2
Revise to	- - - with hydronephrosis N13.6
No Change	- calculous - see category N20
Revise from	- - with hydronephrosis N13.2
Revise to	- - with hydronephrosis N13.6
No Change	- chronic N11.9
No Change	- - with calculus - see category N20
Revise from	- - - with hydronephrosis N13.2
Revise to	- - - with hydronephrosis N13.6

BMI

- Adult BMI codes revised inclusion notes , “BMI adult codes are for use for persons 21 years or older” being changed to “BMI adult codes are for use for person 20 years of age or older. Likewise, pediatric range was adjusted to 2-19.

No Change Body mass index [BMI] (Z68)

No Change Z68 Body mass index [BMI]

No Change Note:

Revise from BMI adult codes are for use for persons 21 years of age or older

Revise to BMI adult codes are for use for persons 20 years of age or older

Revise from BMI pediatric codes are for use for persons 2-20 years of age. These percentiles are based on the growth charts published by the Centers for Disease Control and Prevention (CDC)

Revise to BMI pediatric codes are for use for persons 2-19 years of age.

Add These percentiles are based on the growth charts published by the Centers for Disease Control and Prevention (CDC)

No Change Z68.4 Body mass index (BMI) 40 or greater, adult

Revise from Z68.43 Body mass index (BMI) 50-59.9, adult

Revise to Z68.43 Body mass index (BMI) 50.0-59.9, adult

Encounter for Adjustment/Removal of Breast Implant

- ✓6th Z45.81 Encounter for adjustment or removal of breast implant
- Encounter for elective implant exchange (different material) (different size)
- Encounter removal of tissue expander with or without synchronous insertion of permanent implant ◀
- EXCLUDES 1** complications of breast implant (T85.4-)
encounter for initial breast implant
insertion for cosmetic breast
augmentation (Z41.1)
encounter for breast reconstruction
following mastectomy (Z42.1)

Additional Items



G6PD Deficiency

GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) DEFICIENCY WITHOUT ANEMIA

- X-linked recessive genetic metabolic abnormality caused by deficiency of the enzyme G6PD
- This enzyme is critical for the proper function of red blood cells
- When the level of this enzyme is too low, red blood cells can break down prematurely (hemolysis).
- Deficiency of this enzyme is not sufficient to cause hemolysis on its own. Additional factors are required to “trigger” the onset of symptoms.

G6PD Deficiency Cont'd

- Prior to FY 2020,
There was no unique
code to identify the
majority of individuals
with the deficiency who
do not have anemia,
but are at risk.

D75.A Glucose-6-phosphate dehydrogenase (G6PD) deficiency
without anemia

EXCLUDES 1 *glucose-6-phosphate dehydrogenase (G6PD)
deficiency with anemia (D55.0)*

Adenosine Deficiency

No Change **D81 Combined immunodeficiencies**

No Change **D81.3 Adenosine deaminase [ADA] deficiency**

Add

D81.30 Adenosine deaminase deficiency, unspecified

Add

ADA deficiency NOS

Add

D81.31 Severe combined immunodeficiency due to adenosine deaminase deficiency

Add

ADA deficiency with SCID

Add

Adenosine deaminase [ADA] deficiency with severe combined immunodeficiency

Add

D81.32 Adenosine deaminase 2 deficiency

Add

ADA2 deficiency

Add

Adenosine deaminase deficiency type 2

Add

Code also, if applicable, any associated manifestations, such as:

Add

polyarteritis nodosa (M30.0)

Add

stroke (I63.-)

Add

D81.39 Other adenosine deaminase deficiency

Add

Adenosine deaminase [ADA] deficiency type 1, NOS

Add

Adenosine deaminase [ADA] deficiency type 1, without SCID

Add

Adenosine deaminase [ADA] deficiency type 1, without severe combined immunodeficiency

Add

Partial ADA deficiency (type 1)

Add

Partial adenosine deaminase deficiency (type 1)

Ehlers-Danlos Syndrome

- Ehlers-Danlos syndromes are a group of heritable connective tissue disorders characterized by articular hypermobility, skin hyperextensibility or laxity, and tissue fragility affecting virtually every organ system: skin, ligaments, joints, bone, muscle, blood vessels and various organs
- The most severe in presentation and the only one associated with early mortality is vascular (vEDS).
- Expanded Q79.6-

Post Endometrial Ablation Syndrome

- Post endometrial ablation syndrome is a condition that may occur in up to 10% of women who undergo endometrial ablation that includes cyclic pain and hematometra
- The syndrome occurs frequently enough that a separate code is warranted for better coding specificity and tracking purposes

N99.85 Post endometrial ablation syndrome

Prader-Willi Syndrome

- Prader-Willi syndrome (PWS) is a complex neurodevelopment disorder that affects many parts of the body
- *Infancy*: characterized by hypotonia, feeding difficulties, poor growth, and delayed development
- *Childhood*: insatiable appetite, which leads to chronic overeating (hyperphagia) and obesity
- PWS is the most common genetic syndrome causing obesity. Those with obesity, also develop type 2 diabetes.

✓ Q87.1 Congenital malformation syndromes predominantly associated with short stature

Aarskog-syndrome

Cockayne syndrome

De Lange syndrome

Dubowitz syndrome

Noonan syndrome

Prader-Willi syndrome

Robinow-Silverman-Smith syndrome

Russell-Silver syndrome

Seckel syndrome

EXCLUDES 1 Ellis-van Creveld syndrome (Q77.6)

Smith-Lemli-Opitz syndrome (E78.72)

Q87.11 Prader-Willi syndrome

Q87.19 Other congenital malformation syndromes predominantly associated with short stature

Aarskog syndrome

Cockayne syndrome

De Lange syndrome

Dubowitz syndrome

Noonan syndrome

Robinow-Silverman-Smith syndrome

Russell-Silver syndrome

Seckel syndrome

Eye/Vision Exams with Abnormal Findings

- There is little information on exactly who fails vision screening
- The addition of new codes to ICD-10-CM would allow this information to be collected, retrieved as needed for performance measurement and reported
- The American Academy of Ophthalmology requested new codes for an encounter for examination of eyes and vision when patients fail vision screening in order to be able to identify and monitor this condition.
- Vision screening is a requirement of well-child primary care as described by Bright Futures, 3rd edition, a joint program of Health Resources and Services Administration (HRSA) and the American Academy of Pediatrics.

Eye/Vision Exams with Abnormal Findings Cont'd

No Change

Z01.0 Encounter for examination of eyes and vision

Add

Z01.02 Encounter for examination of eyes and vision following failed vision screening

Add

Excludes1: examination for examination of eyes and vision with abnormal findings (Z01.01)

Add

examination for examination of eyes and vision without abnormal findings (Z01.00)

Add

Z01.020 Encounter for examination of eyes and vision following failed vision screening without abnormal findings

Add

Z01.021 Encounter for examination of eyes and vision following failed vision screening with abnormal findings

Add

Use Additional code to identify abnormal findings

Health Counseling Related to Travel

- The American Academy of Pediatrics reports that there have been an increase in the number of patients seen for counseling services to discuss health risks of travel
- The Academy requested a specific new code to identify travel health related encounters.

(Z31.6)
Z71.84 Encounter for health counseling related to travel
Encounter for health risk and safety counseling for
(international) travel
Code also, if applicable, encounter for immunization
(Z23)
EXCLUDES 2 encounter for administrative examination
(Z02.-)
encounter for other special examination
without complaint, suspected or
reported diagnosis (Z01.-)

ICD-10-PCS Code Update

Summary of PCS Code Changes

Total 2019 Codes	2020 Deletions	2020 Additions	Total 2020 Codes	Code Description Revisions for 2020
78,881	2,056	734	77,559	2

Deleted Codes

Deleted Codes

- The qualifier of “Bifurcation” was deleted accounting for the deletion of 1845 codes
 - Exception was to the heart and great vessels table
 - Peripheral Artery and Central Artery were deleted from the Transfusion section, since they are clinically invalid (128 codes)
-

Deleted Codes Cont'd

- External Approach Deleted from Breast Procedures (83 codes deleted)
- In the Skin and Breast body system of the Medical and Surgical section, they deleted the approach value X External Approach for the **breast body part values**
- This change facilitates a clear distinction in the classification, between procedures on the breast and procedures on the skin of the chest. **All procedures performed on the skin of the breast will be classified to the body part value 5 Skin, Chest, and will use the External approach**

New & Revised Codes

- Areas with the most volume changes
 - Sinus Supplementation (165)
 - Gastrointestinal Bypass (144)
 - Brachytherapy (72)
 - Heart Supplement (48)
 - Sustained Release DES Below Knee (48)
 - Upper Artery Bypass (35)
 - Flow Diverter (27)
 - Bypass Thoracic Aorta to Innominate Artery (24)
 - Coronary Artery Insertion (24)
-

Sinus Supplement

Sinus Supplement

- The sinus body part values were added to the Supplement table 09U
- This change allows the capture of more detail for procedures where additional material is used to reinforce or augment the sinus.

Section 0 Medical and Surgical Body System 9 Ear, Nose, Sinus Operation U Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part			
Body Part	Approach	Device	Qualifier
0 External Ear, Right 1 External Ear, Left 2 External Ear, Bilateral	0 Open X External	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier
5 Middle Ear, Right 6 Middle Ear, Left 9 Auditory Ossicle, Right A Auditory Ossicle, Left D Inner Ear, Right E Inner Ear, Left	0 Open 8 Via Natural or Artificial Opening Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier
7 Tympanic Membrane, Right 8 Tympanic Membrane, Left N Nasopharynx	0 Open 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier
ADD B Mastoid Sinus, Right ADD C Mastoid Sinus, Left L Nasal Turbinate ADD P Accessory Sinus ADD Q Maxillary Sinus, Right ADD R Maxillary Sinus, Left ADD S Frontal Sinus, Right ADD T Frontal Sinus, Left ADD U Ethmoid Sinus, Right ADD V Ethmoid Sinus, Left ADD W Sphenoid Sinus, Right ADD X Sphenoid Sinus, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier
K Nasal Mucosa and Soft Tissue	0 Open 8 Via Natural or Artificial Opening Endoscopic X External	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier
M Nasal Septum	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 8 Via Natural or Artificial Opening Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	Z No Qualifier

Gastrointestinal Bypass

Gastrointestinal Bypass

- In the Gastrointestinal body system they added general body part values for Small Intestine and Large Intestine to Bypass table 0D1
- New general qualifiers were also added when for when the physician cannot determine the specific anatomical site (mostly seen with altered anatomy)

Section	0 Medical and Surgical		
Body System	D Gastrointestinal System		
Operation	1 Bypass: Altering the route of passage of the contents of a tubular body part		
Body Part	Approach	Device	Qualifier
			4 Cutaneous
			ADD 8 Small Intestine
			H Cecum
	0 Open	7 Autologous Tissue Substitute	K Ascending Colon
	4 Percutaneous Endoscopic	J Synthetic Substitute	L Transverse Colon
ADD 8 Small Intestine	8 Via Natural or Artificial	K Nonautologous Tissue	M Descending Colon
	Opening Endoscopic	Substitute	N Sigmoid Colon
		Z No Device	P Rectum
			Q Anus
	0 Open	7 Autologous Tissue Substitute	
	4 Percutaneous Endoscopic	J Synthetic Substitute	4 Cutaneous
ADD E Large Intestine	8 Via Natural or Artificial	K Nonautologous Tissue	ADD E Large Intestine
	Opening Endoscopic	Substitute	P Rectum
		Z No Device	

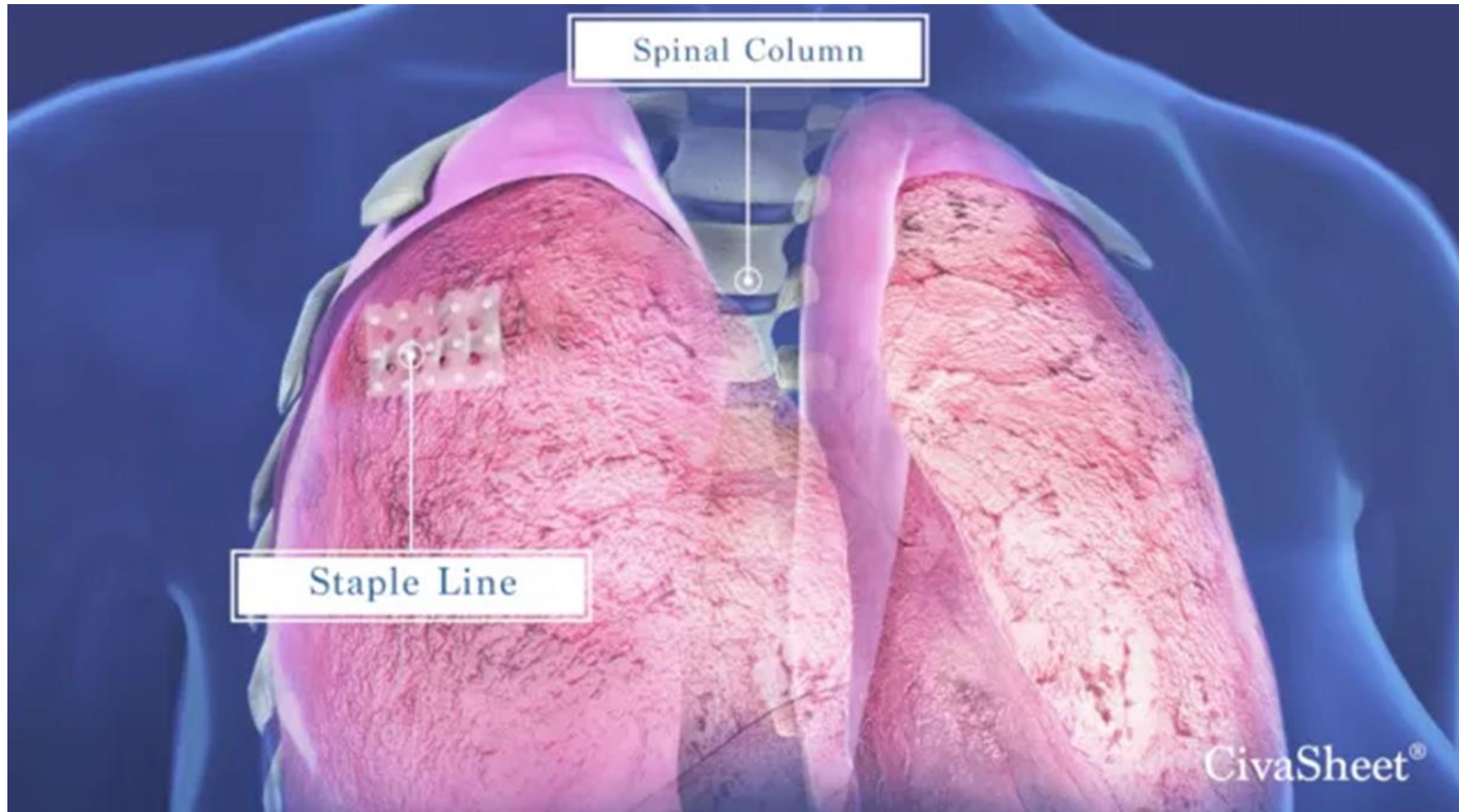
Brachytherapy

Brachytherapy

- In the Radiation Therapy section, a new qualifier value 1 Unidirectional Source, has been added to all Brachytherapy tables for the fifth character modality value B Low Dose Rate and the sixth character Isotope value B Palladium 103, to identify CivaSheet® brachytherapy.

[Civa Sheet Video](#)

Brachytherapy Cont'd



Brachytherapy Cont'd

Table	Body System
D01	Central and Peripheral Nervous System
D71	Lymphatic and Hematologic System
D81	Eye
D91	Ear, Nose, Mouth and Throat
DB1	Respiratory System
DD1	Gastrointestinal System
DF1	Hepatobiliary System and Pancreas
DG1	Endocrine
DM1	Breast
DT1	Urinary System
DU1	Female Reproductive System
DV1	Male Reproductive System
DW1	Anatomical Regions

Heart Supplement

Heart Supplement

- 48 New codes were added to the Supplement Table 02U related to coronary body part values 02U
- Example: a stent graft placed to seal and reinforce a perforated coronary artery status post atherectomy

Section 0 Medical and Surgical			
Body System 2 Heart and Great Vessels			
Operation U Supplement: Putting in or on biological or synthetic material that physically reinforces and/or augments the function of a portion of a body part			
Body Part	Approach	Device	Qualifier
ADD 0 Coronary Artery, One Artery			
ADD 1 Coronary Artery, Two Arteries			
ADD 2 Coronary Artery, Three Arteries			
ADD 3 Coronary Artery, Four or More Arteries			
Arteries			
5 Atrial Septum			
6 Atrium, Right			
7 Atrium, Left			
9 Chordae Tendineae			
A Heart	0 Open	7 Autologous Tissue Substitute	
D Papillary Muscle	3 Percutaneous	8 Zooplastic Tissue	
H Pulmonary Valve	4 Percutaneous	J Synthetic Substitute	Z No
K Ventricle, Right	Endoscopic	K Nonautologous Tissue Substitute	Qualifier
L Ventricle, Left			
M Ventricular Septum			
N Pericardium			
P Pulmonary Trunk			
Q Pulmonary Artery, Right			
R Pulmonary Artery, Left			
S Pulmonary Vein, Right			
T Pulmonary Vein, Left			
V Superior Vena Cava			

Sustained DES Below Knee

Sustained Release DES Below Knee

- New Technology X code under table X27 (48 new codes)
- Two different purpose built sustained release drug-eluting stent systems: Eluvia for disease above the knee (proximal SFA and PPA) and Savalfor disease below the knee (infrapopliteal, tibial and peroneal).

Section X New Technology Body System 2 Cardiovascular System Operation 7 Dilation: Expanding an orifice or the lumen of a tubular body part			
Body Part	Approach	Device / Substance / Technology	Qualifier
ADD H Femoral Artery, Right ADD J Femoral Artery, Left ADD K Popliteal Artery, Proximal Right ADD L Popliteal Artery, Proximal Left	3 Percutaneous		
ADD M Popliteal Artery, Distal Right		ADD 8 Intraluminal Device, Sustained Release Drug-eluting	5 New Technology Group 5
ADD N Popliteal Artery, Distal Left		ADD 9 Intraluminal Device, Sustained Release Drug-eluting, Two	
ADD P Anterior Tibial Artery, Right		ADD B Intraluminal Device, Sustained Release Drug-eluting, Three	
ADD Q Anterior Tibial Artery, Left		ADD C Intraluminal Device, Sustained Release Drug-eluting, Four or More	
ADD R Posterior Tibial Artery, Right			
ADD S Posterior Tibial Artery, Left			
ADD T Peroneal Artery, Right			
ADD U Peroneal Artery, Left			

Upper Artery Bypass

Endovascular Thrombectomy with Stent Retriever

- Under table 031 a new qualifier has been added for lower extremity vein (+35 codes)
- Allows for the capture of AV bypass (fistula) from an upper extremity to a lower extremity vein such as the femoral vein

Section	0 Medical and Surgical		
Body System	3 Upper Arteries		
Operation	1 Bypass: Altering the route of passage of the contents of a tubular body part		
Body Part	Approach	Device	Qualifier
2 Innominate Artery	0 Open	9 Autologous Venous Tissue A Autologous Arterial Tissue J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	0 Upper Arm Artery, Right
			1 Upper Arm Artery, Left
			2 Upper Arm Artery, Bilateral
			3 Lower Arm Artery, Right
			4 Lower Arm Artery, Left
			5 Lower Arm Artery, Bilateral
			6 Upper Leg Artery, Right
			7 Upper Leg Artery, Left
			8 Upper Leg Artery, Bilateral
			9 Lower Leg Artery, Right
3 Subclavian Artery, Right 4 Subclavian Artery, Left	0 Open	9 Autologous Venous Tissue A Autologous Arterial Tissue	B Lower Leg Artery, Left
			C Lower Leg Artery, Bilateral
			D Upper Arm Vein
			F Lower Arm Vein
			J Extracranial Artery, Right
			K Extracranial Artery, Left
			ADD W Lower Extremity Vein
			0 Upper Arm Artery, Right
			1 Upper Arm Artery, Left

Flow Diverter Stent

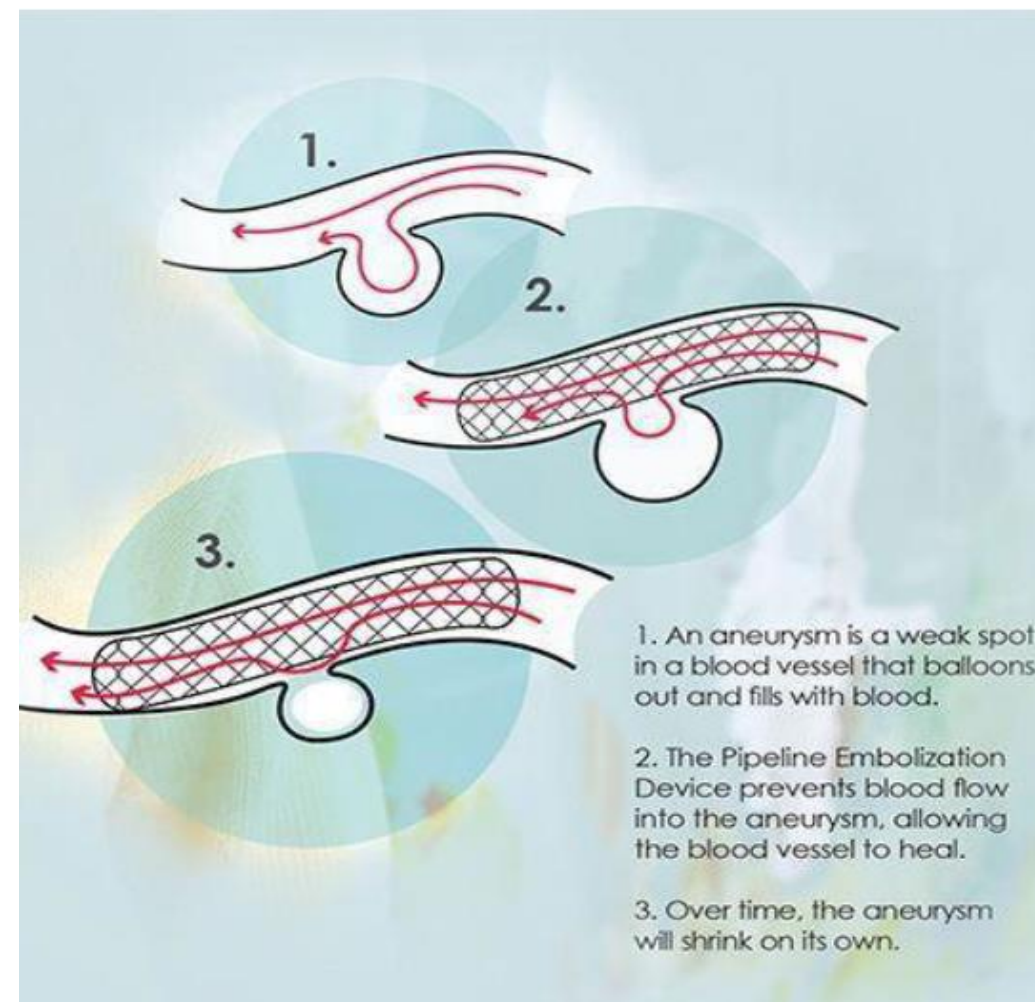
Flow Diverter Stent

- Device changes have been made in reference to the Pipeline™ Embolization Device
 - Pipeline™ is no longer the only device that can be used for an intracranial unruptured aneurysm
 - Thus the “new” device name “flow diverter stent” was created to include not only the Pipeline™ device, but now also includes the Stryker Surpass Streamline™ (+27 codes)
-

Flow Diverter Stent Cont'd

Section 0 Medical and Surgical			
Body System 3 Upper Arteries			
Operation V Restriction: Partially closing an orifice or the lumen of a tubular body part			
Body Part	Approach	Device	Qualifier
G Intracranial Artery			
H Common Carotid Artery, Right			
J Common Carotid Artery, Left		B Intraluminal Device, Bioactive	
K Internal Carotid Artery, Right	0 Open	C Extraluminal Device	
L Internal Carotid Artery, Left	3 Percutaneous	D Intraluminal Device	Z No Qualifier
M External Carotid Artery, Right	4 Percutaneous Endoscopic	ADD F Intraluminal Device, Flow Diverter	
N External Carotid Artery, Left		Z No Device	
P Vertebral Artery, Right			
Q Vertebral Artery, Left			

ICD-10-PCS Value	Definition
Intraluminal Device, Endotracheal Airway in Respiratory System	Includes: Endotracheal tube (cuffed)(double-lumen)
Intraluminal Device, Flow Diverter for Restriction in Upper Arteries	Includes: Flow Diverter embolization device Pipeline(tm) (Flex) embolization device Surpass Streamline(tm) Flow Diverter



Bypass Thoracic Aorta to Innominate Artery

Bypass Thoracic Aorta to Innominate Artery

- Table 021 had a qualifier added for the innominate artery (+24 codes)
- This enables capture of a bypass procedures from the thoracic aorta to the innominate artery

Section	0 Medical and Surgical		
Body System	2 Heart and Great Vessels		
Operation	1 Bypass: Altering the route of passage of the contents of a tubular body part		
Body Part	Approach	Device	Qualifier
W Thoracic Aorta, Descending	0 Open	8 Zooplasic Tissue 9 Autologous Venous Tissue A Autologous Arterial Tissue J Synthetic Substitute K Nonautologous Tissue Substitute	ADD A Innominate Artery
			B Subclavian
			D Carotid
			F Abdominal Artery
			G Axillary Artery
W Thoracic Aorta, Descending	0 Open	Z No Device	H Brachial Artery
			P Pulmonary Trunk
			Q Pulmonary Artery, Right
			R Pulmonary Artery, Left
			V Lower Extremity Artery
W Thoracic Aorta, Descending	0 Open	Z No Device	ADD A Innominate Artery
			B Subclavian
			D Carotid
			P Pulmonary Trunk
			Q Pulmonary Artery, Right
W Thoracic Aorta, Descending	4 Percutaneous Endoscopic	8 Zooplasic Tissue 9 Autologous Venous Tissue A Autologous Arterial Tissue J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	R Pulmonary Artery, Left
			ADD A Innominate Artery
			B Subclavian
			D Carotid
			P Pulmonary Trunk
X Thoracic Aorta, Ascending/Arch	0 Open 4 Percutaneous Endoscopic	8 Zooplasic Tissue 9 Autologous Venous Tissue A Autologous Arterial Tissue J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	Q Pulmonary Artery, Right
			R Pulmonary Artery, Left
			ADD A Innominate Artery
			B Subclavian
			D Carotid
X Thoracic Aorta, Ascending/Arch	0 Open 4 Percutaneous Endoscopic	8 Zooplasic Tissue 9 Autologous Venous Tissue A Autologous Arterial Tissue J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	P Pulmonary Trunk
			Q Pulmonary Artery, Right
			R Pulmonary Artery, Left
			ADD A Innominate Artery
			B Subclavian

Coronary Artery Insertion

Coronary Artery Insertion

- Coronary Artery body part was added to table 02H (+24 codes)
- Example: Insertion of stent into coronary artery to prevent the risk of coronary obstruction following prosthetic valve deployment

Section 0 Medical and Surgical Body System 2 Heart and Great Vessels Operation H Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part			
Body Part	Approach	Device	Qualifier
ADD 0 Coronary Artery, One Artery ADD 1 Coronary Artery, Two Arteries ADD 2 Coronary Artery, Three Arteries ADD 3 Coronary Artery, Four or More Arteries	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	D Intraluminal Device Y Other Device	Z No Qualifier
4 Coronary Vein 6 Atrium, Right 7 Atrium, Left K Ventricle, Right L Ventricle, Left	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	0 Monitoring Device, Pressure Sensor 2 Monitoring Device 3 Infusion Device D Intraluminal Device J Cardiac Lead, Pacemaker K Cardiac Lead, Defibrillator M Cardiac Lead N Intracardiac Pacemaker Y Other Device	Z No Qualifier
A Heart	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Q Implantable Heart Assist System Y Other Device	Z No Qualifier
A Heart	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	R Short-term External Heart Assist System	J Intraoperative S Biventricular Z No Qualifier

Other Code Changes

Transcatheter Occlusion of Gastric Varices

- Body part for gastric vein was added to table 06L
- Provides the ability to assign codes for EGD with ligation of gastric varices

Section	0 Medical and Surgical		
Body System	6 Lower Veins		
Operation	L Occlusion: Completely closing an orifice or the lumen of a tubular body part		
Body Part	Approach	Device	Qualifier
3 Esophageal Vein	0 Open		Z No Qualifier
	3 Percutaneous	C Extraluminal Device	
	4 Percutaneous Endoscopic	D Intraluminal Device	
	7 Via Natural or Artificial Opening	Z No Device	
	8 Via Natural or Artificial Opening Endoscopic		

Extirpation of Upper & Lower Jaw

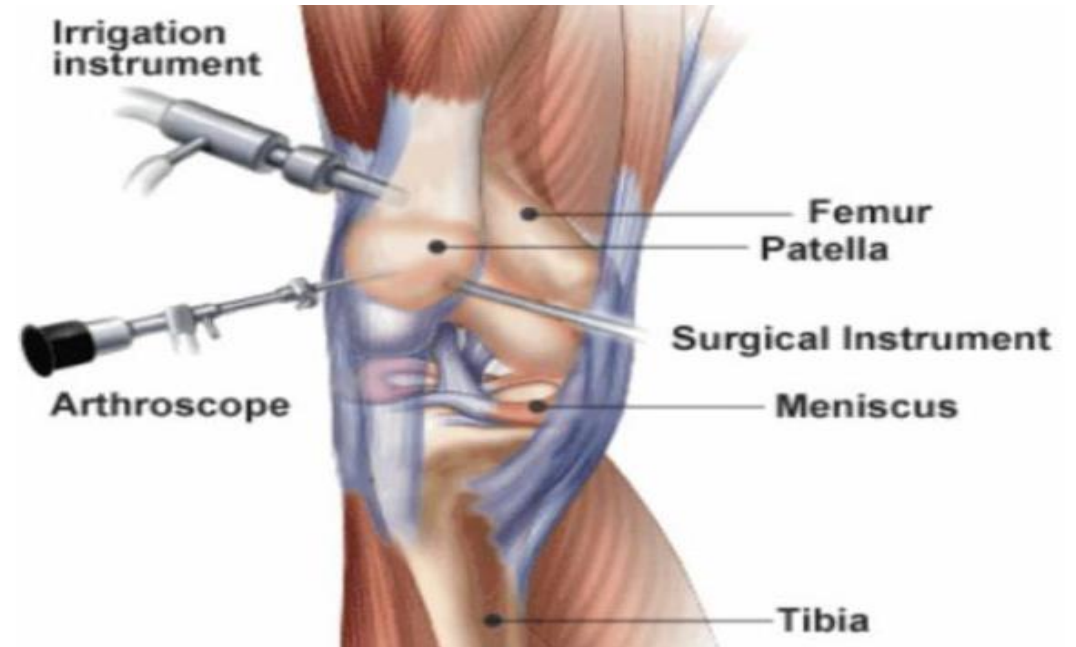
- In table 0WC, extirpation of general anatomical regions, body parts for upper and lower jaw have been added
- Examples: Evacuation of semisolid hematoma from mandibular and maxillary spaces

Section	0 Medical and Surgical		
Body System	W Anatomical Regions, General		
Operation	C Extirpation: Taking or cutting out solid matter from a body part		
Body Part	Approach	Device	Qualifier
1 Cranial Cavity	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	Z No Qualifier
3 Oral Cavity and Throat			
ADD 4 Upper Jaw			
ADD 5 Lower Jaw			
9 Pleural Cavity, Right			
B Pleural Cavity, Left			
C Mediastinum			
D Pericardial Cavity			
G Peritoneal Cavity			
H Retroperitoneum			
J Pelvic Cavity			
P Gastrointestinal Tract			
Q Respiratory Tract			
R Genitourinary Tract			

Arthroscopic Irrigation of Joints

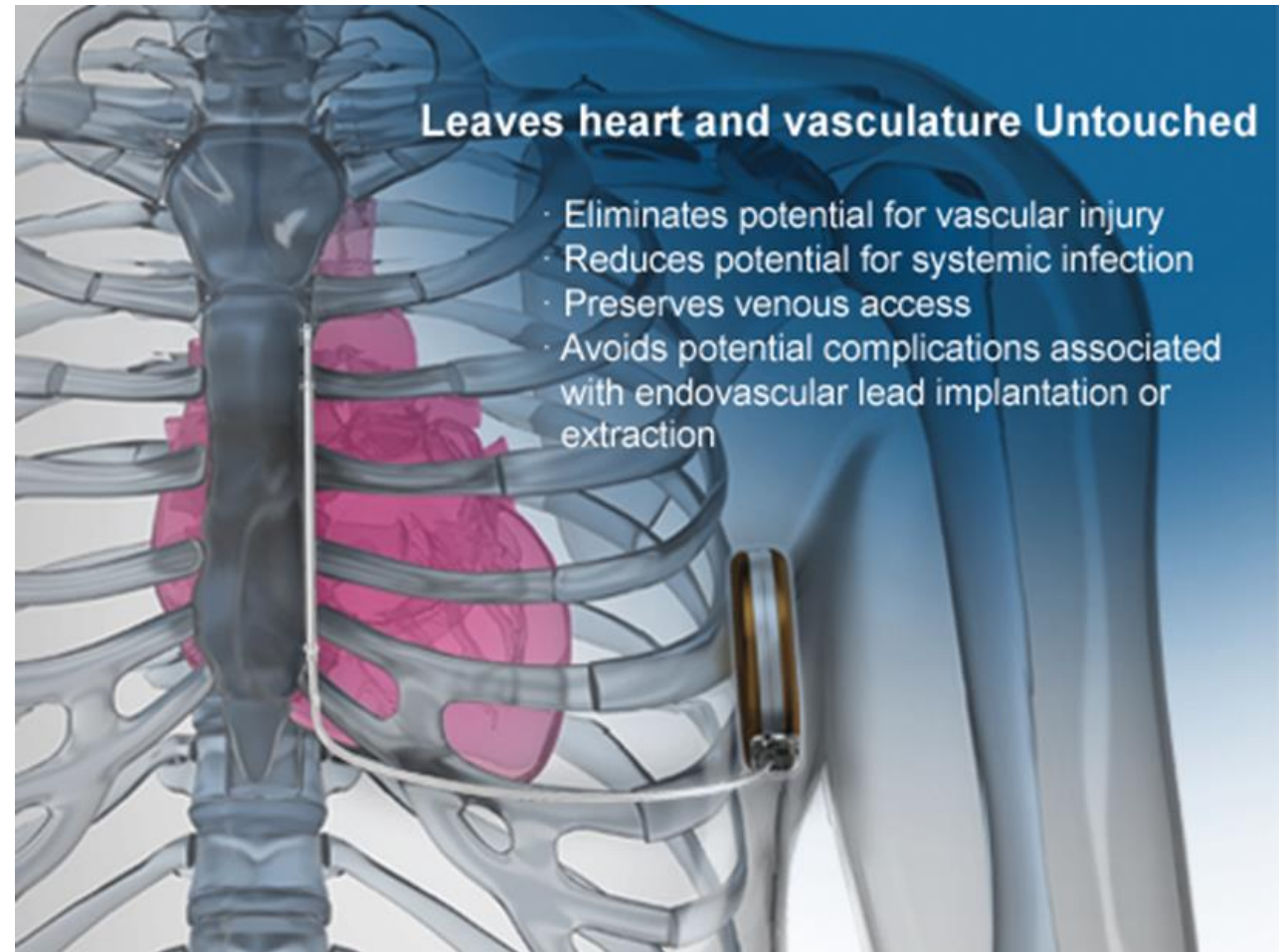
➤ Under the administration table 3E1 an approach for percutaneous endoscopic has been added in order to assign an accurate code for arthroscopic irrigation of joints

Section	3 Administration		
Body System	E Physiological Systems and Anatomical Regions		
Operation	1 Irrigation: Putting in or on a cleansing substance		
Body System / Region	Approach	Substance	Qualifier
U Joints	3 Percutaneous ADD 4 Percutaneous Endoscopic	8 Irrigating Substance	X Diagnostic Z No Qualifier



Subcutaneous Implantable Cardioverter Defibrillator Lead (S-ICD)

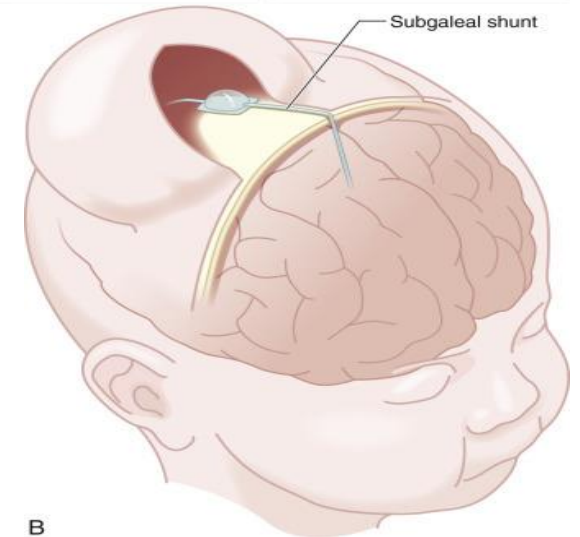
- A new device of subcutaneous defibrillator lead was added to tables 0JH, 0JP, and 0JW for the insertion, removal, and revision of a subcutaneous defibrillator lead



Cerebral Ventricle Bypass Qualifier

- Under table 001 a qualifier for subgaleal space has been added
- Example: subgaleal shunt placement for treatment of hydrocephalus

Section	0 Medical and Surgical		
Body System	0 Central Nervous System and Cranial Nerves		
Operation	1 Bypass: Altering the route of passage of the contents of a tubular body part		
Body Part	Approach	Device	Qualifier
6 Cerebral Ventricle	0 Open	7 Autologous Tissue Substitute	0 Nasopharynx
	3 Percutaneous	J Synthetic Substitute	1 Mastoid Sinus
	4 Percutaneous Endoscopic	K Nonautologous Tissue Substitute	2 Atrium
			3 Blood Vessel
			4 Pleural Cavity
			5 Intestine
			6 Peritoneal Cavity
			7 Urinary Tract
			8 Bone Marrow
			ADD A Subgaleal Space
			B Cerebral Cisterns



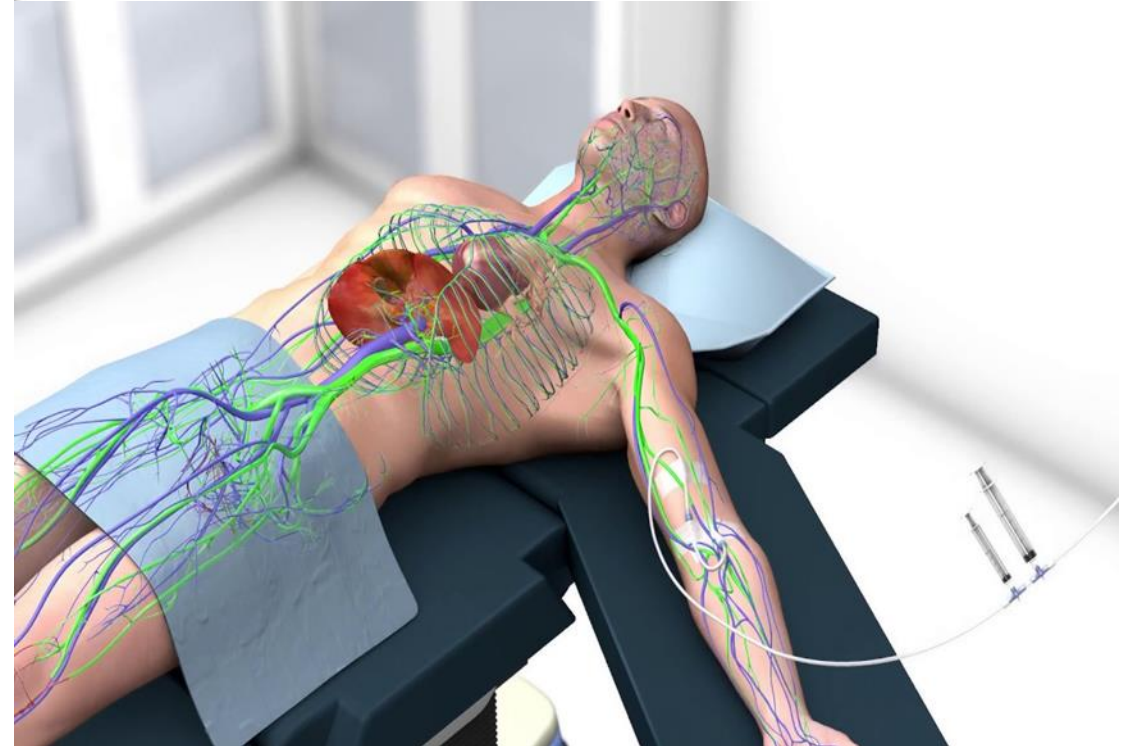
ECMO Changes

- For ECMO a new duration (character 5) has been added for intraoperative
 - This would be used when the patient is getting ECMO for a procedure only and the ECMO is stopped at the end of the procedure
 - New Qualifiers have been added to ECMO for open peripheral VA cannulation and open peripheral VV cannulation
-

Fluorescence Guided Procedures With Indocyanine Green (ICG) Dye

- In table 4A1, Monitoring of Physiological Systems, add qualifier value H Indocyanine Green Dye for the body system value Lymphatic and the function value Flow, to enable capture of additional detail for lymphatic mapping procedures using Indocyanine Green dye

Section 4 Measurement and Monitoring			
Body System A Physiological Systems			
Operation 1 Monitoring: Determining the level of a physiological or physical function repetitively over a period of time			
Body System	Approach	Function / Device	Qualifier
6 Lymphatic	ADD X External	5 Flow	ADD H Indocyanine Green Dye Z No Qualifier

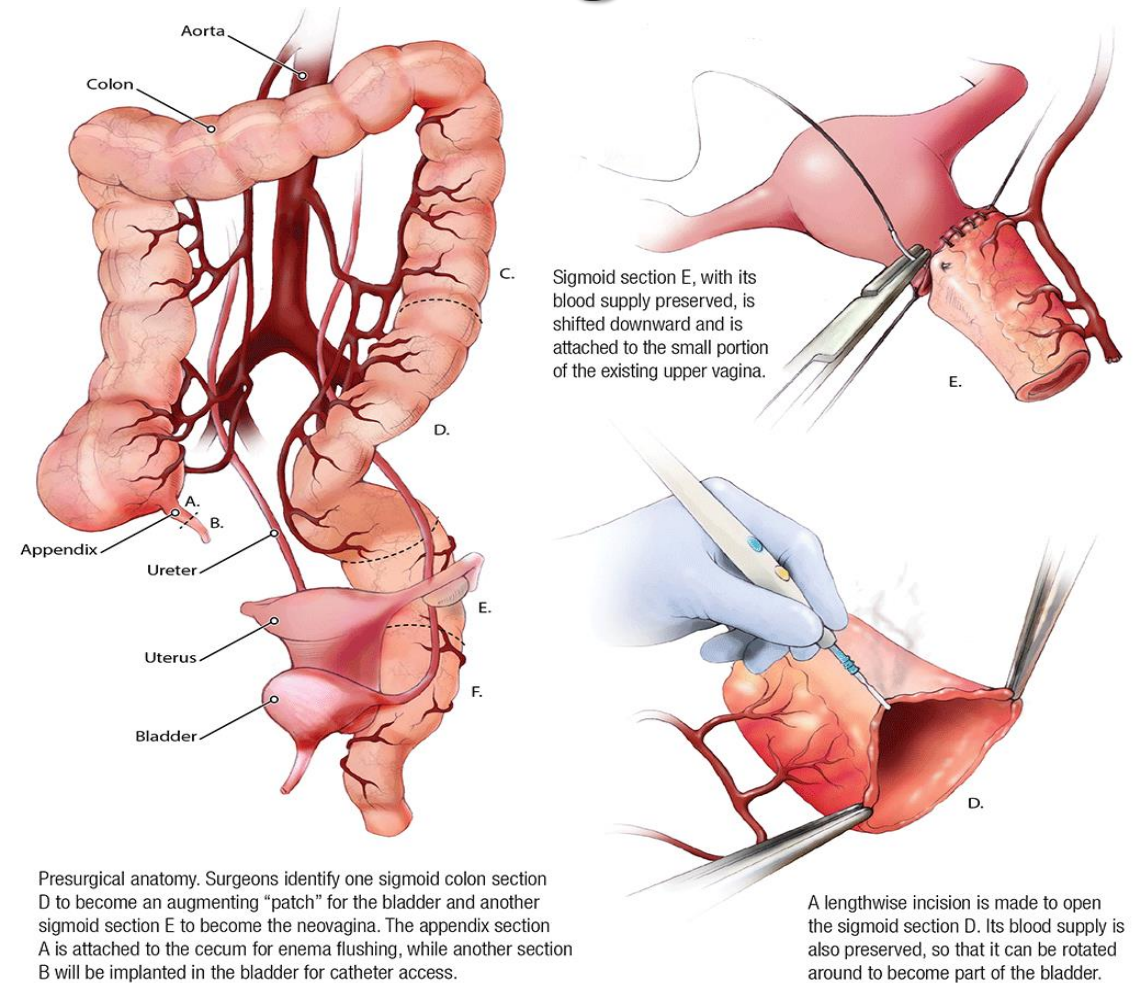


Fluorescence Guided Procedures With Indocyanine Green (ICG) Dye

Section 8 Other Procedures Body System E Physiological Systems and Anatomical Regions Operation 0 Other Procedures: Methodologies which attempt to remediate or cure a disorder or disease			
Body Region	Approach	Method	Qualifier
9 Head and Neck Region W Trunk Region	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	C Robotic Assisted Procedure	Z No Qualifier
9 Head and Neck Region W Trunk Region	X External	B Computer Assisted Procedure	F With Fluoroscopy G With Computerized Tomography H With Magnetic Resonance Imaging Z No Qualifier
9 Head and Neck Region W Trunk Region	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	ADD E Fluorescence Guided Procedure	ADD N Indocyanine Green Dye Z No Qualifier
X Upper Extremity Y Lower Extremity	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	C Robotic Assisted Procedure	Z No Qualifier
X Upper Extremity Y Lower Extremity	X External	B Computer Assisted Procedure	F With Fluoroscopy G With Computerized Tomography H With Magnetic Resonance Imaging Z No Qualifier
X Upper Extremity Y Lower Extremity	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	ADD E Fluorescence Guided Procedure	ADD N Indocyanine Green Dye Z No Qualifier

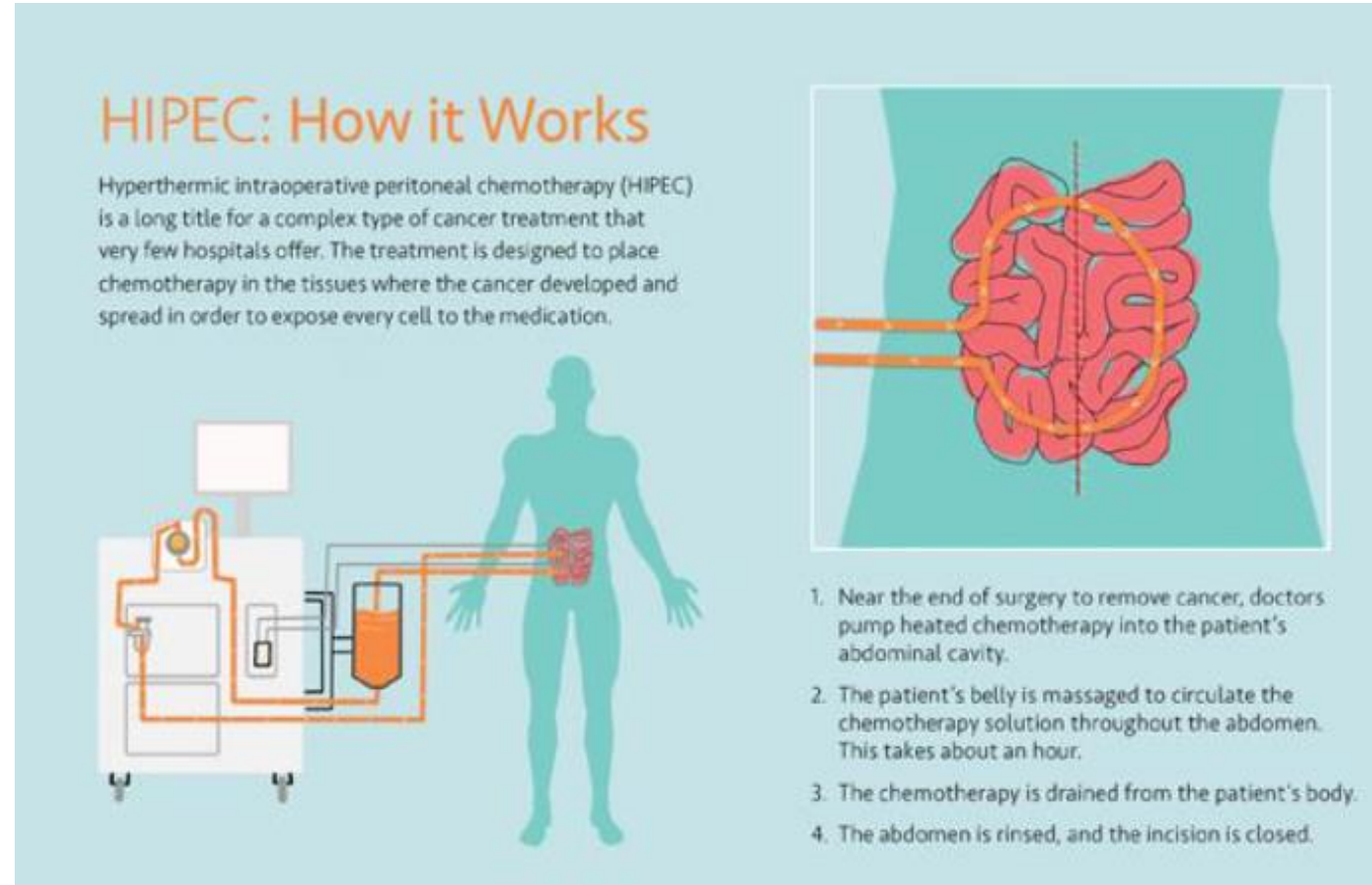
Transfer Large Intestine to Vagina

- Qualifier of Vagina added to table 0DX, transfer GI system
- Used to capture vaginal reconstruction procedures using the large intestine to create a neovagina



Hyperthermic Intraperitoneal Chemotherapy (HIPEC)

➤ In the chemotherapy administration section a new qualifier has been added in order to pick up HIPEC procedure



AV Fistula Creation Using Magnetic-Guided Radiofrequency & Venous Embolization

- An approach of percutaneous has been added to table 031 (bypass upper arteries) to better reflect this procedure.
- The WavelinQ endoAVF system is a dual, magnet-lined catheter system that uses radiofrequency energy to create an anastomosis between the ulnar artery and adjacent ulnar vein in the proximal forearm

Section 0 Medical and Surgical			
Body System 3 Upper Arteries			
Operation 1 Bypass: Altering the route of passage of the contents of a tubular body part			
Body Part	Approach	Device	Qualifier
9 Ulnar Artery, Right A Ulnar Artery, Left B Radial Artery, Right C Radial Artery, Left	0 Open ADD 3 Percutaneous	Z No Device	F Lower Arm Vein

AV Fistula Creation Using Magnetic-Guided Radiofrequency & Venous Embolization Cont'd

[illegible]

WAVELINQ™ | 4F
EndoAVF System

Cell Suspension Autografting

- **RECELL®** is a type of epithelial autograft that can be used for large wounds such as major burns
- New qualifier Cell Suspension Technique was added table 0HR, Replacement of Skin and Breast, applied to the skin body part values and the device value Autologous Tissue Substitute, to identify cell suspension autografting.

Section 0 Medical and Surgical			
Body System H Skin and Breast			
Operation R Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part			
Body Part	Approach	Device	Qualifier
0 Skin, Scalp			
1 Skin, Face			
2 Skin, Right Ear			
3 Skin, Left Ear			
4 Skin, Neck			
5 Skin, Chest			
6 Skin, Back			
7 Skin, Abdomen			
8 Skin, Buttock			
9 Skin, Perineum			
A Skin, Inguinal			
B Skin, Right Upper Arm	X External	7 Autologous Tissue Substitute	
C Skin, Left Upper Arm			
D Skin, Right Lower Arm			
E Skin, Left Lower Arm			
F Skin, Right Hand			
G Skin, Left Hand			
H Skin, Right Upper Leg			
J Skin, Left Upper Leg			
K Skin, Right Lower Leg			
L Skin, Left Lower Leg			
M Skin, Right Foot			
N Skin, Left Foot			
			ADD 2 Cell Suspension Technique
			3 Full Thickness
			4 Partial Thickness

T-Cell Depleted Hematopoietic Stem Cells for Transplantation

- New substance value Stem Cells, T-cell Depleted Hematopoietic was added to table 302 of section 3, Administration, applied to the qualifier values specifying an Allogeneic donor source.
- T-cell depletion is a technique utilized with cells from unrelated donors or related donors other than human leukocyte antigens (HLA)-identical sibling donors to reduce the incidence of Graft versus Host Disease (GVHD).

Section	3 Administration		
Body System	0 Circulatory		
Operation	2 Transfusion: Putting in blood or blood products		
Body System / Region	Approach	Substance	Qualifier
3 Peripheral Vein	0 Open	ADD U Stem Cells, T-cell Depleted Hematopoietic	2 Allogeneic, Related
4 Central Vein	3 Percutaneous		3 Allogeneic, Unrelated
			4 Allogeneic, Unspecified

Skin & Breast Body System

- In the Skin and Breast body system of the Medical and Surgical section, X External Approach for the breast body part values was deleted to facilitate a clear distinction between procedures on the breast and procedures on the skin of the chest

0 Medical and Surgical H Skin and Breast B Excision Definition: Cutting out or off, without replacement, a portion of a body part Explanation: The qualifier DIAGNOSTIC is used to identify excision procedures that are biopsies			
Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
T Breast, Right Mammary duct Mammary gland	0 Open 3 Percutaneous 7 Via Natural or Artificial Opening	Z No Device	X Diagnostic Z No Qualifier
U Breast, Left See T Breast, Right	8 Via Natural or Artificial Opening Endoscopic		
V Breast, Bilateral See T Breast, Right	X External		
W Nipple, Right Areola			
X Nipple, Left See W Nipple, Right			
Y Supernumerary Breast			

2019

0 Medical and Surgical H Skin and Breast B Excision Definition: Cutting out or off, without replacement, a portion of a body part Explanation: The qualifier DIAGNOSTIC is used to identify excision procedures that are biopsies			
Body Part Character 4	Approach Character 5	Device Character 6	Qualifier Character 7
T Breast, Right Mammary duct Mammary gland	0 Open 3 Percutaneous 7 Via Natural or Artificial Opening	Z No Device	X Diagnostic Z No Qualifier
U Breast, Left See T Breast, Right	8 Via Natural or Artificial Opening Endoscopic		
V Breast, Bilateral See T Breast, Right			
Y Supernumerary Breast			

2020

Intramedullary Limb Lengthening Internal Fixation Device

- The device value 7 Internal Fixation Device, Intramedullary Limb Lengthening was added to the following tables.

- 0PH, Upper Bones, Insertion

Body Part	Device
F Humeral Shaft, Right	<u>7 Internal Fixation Device, Intramedullary</u>
G Humeral Shaft, Let	<u>Limb Lengthening</u>

- 0QH, Lower Bones, Insertion

Body Part	Device
8 Femoral Shaft, Right	<u>7 Internal Fixation Device, Intramedullary</u>
9 Femoral Shaft, Left	<u>Limb Lengthening</u>
G Tibia, Right	<u>7 Internal Fixation Device, Intramedullary</u>
H Tibia, Left	<u>Limb Lengthening</u>

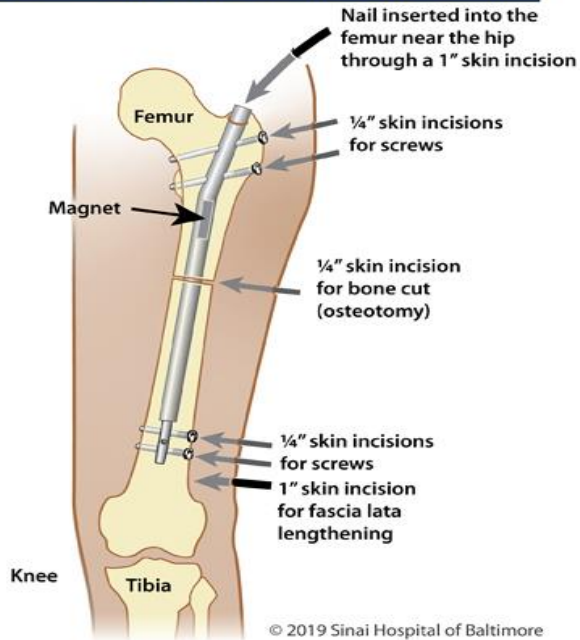
Intramedullary Limb Lengthening Internal Fixation Device Cont'd

- Example: PRECICE ® Intramedullary Limb Lengthening (IMLL) System
 - Composed of nail, locking screws, end cap, surgical instruments, and an external remote controller (ERC).
 - Designed to lengthen the limb gradually without the use of external fixation.
 - Differs from traditional intramedullary surgical techniques in that it has a small magnet that allows the implant to get shorter or longer when the magnet is turned by the ERC.
 - As with other intramedullary implants, can be removed when the patient's limb is healed.

Intramedullary Limb Lengthening Internal Fixation Device

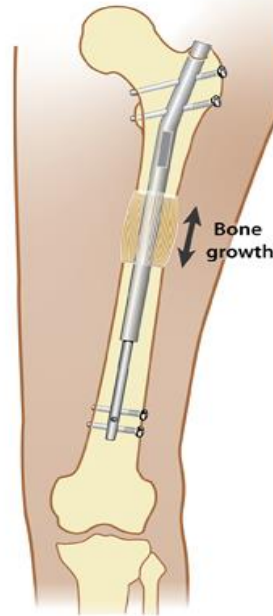
Cont'd

Precice: Antegrade Insertion in the Femur

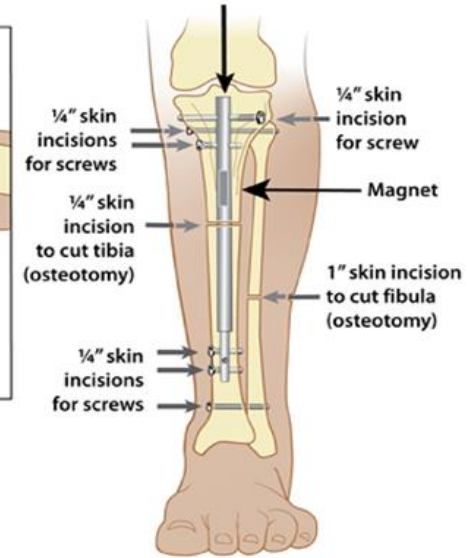
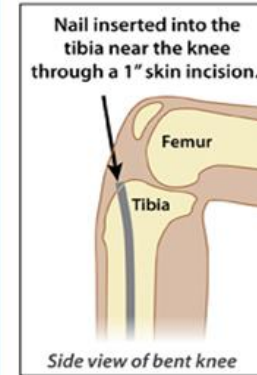


© 2019 Sinai Hospital of Baltimore

Lengthening

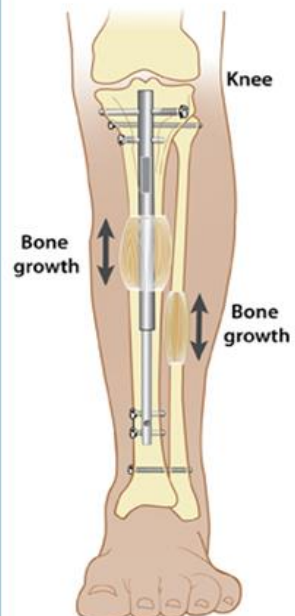


Precice: Insertion in the Tibia



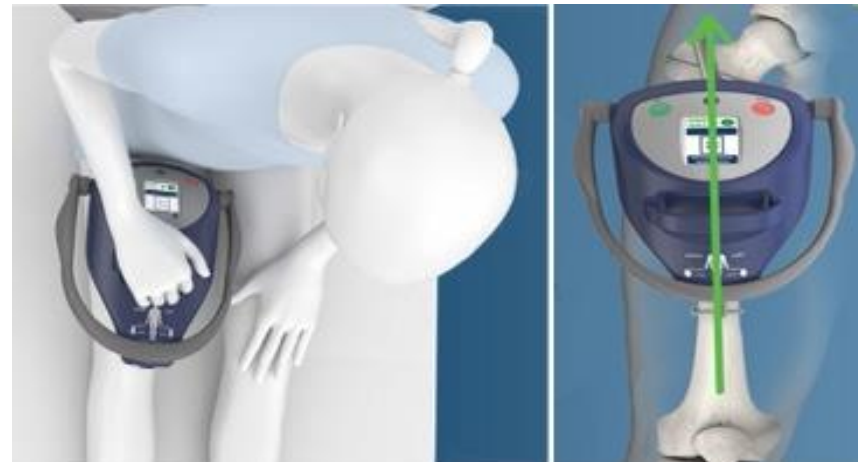
© 2019 Sinai Hospital of Baltimore

Lengthening



http://www.limblength.org/wp-content/uploads/2019/07/Art_Precice-Antegrade-Insertion-in-the-Femur.jpg

<http://drmarieg.com/wp-content/uploads/2016/11/limb-lengthening-precice-image4.jpg>



http://www.limblength.org/wp-content/uploads/2019/07/Art_Precice-Insertion-in-the-Tibia.jpg

New Technology Codes

Renal Function Monitoring Using Fluorescent Pyrazine

- Assigned to code XT1DXE5
- **Medibeacon's** Transdermal GFR Measurement System is a three componentsystem consisting of (1) an optical skin sensor, (2) a monitor and (3) MB-102, which is a proprietary fluorescent tracer agent that glows in the presence of light.



[More Information](#)

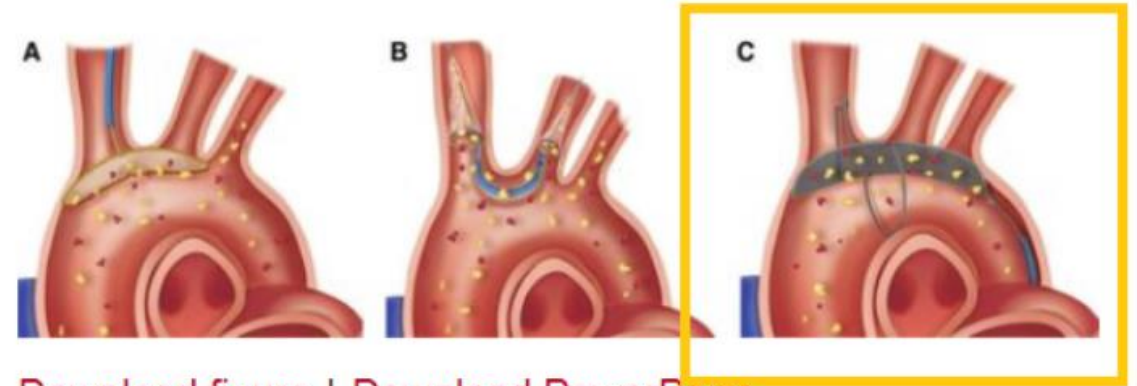
Cerebral Embolic Protection During TAVR

- Code X2A6325 was created to identify cerebral embolic protection during TAVR using a deflection filter placed in the aortic arch. A separate code is assigned for the TAVR procedure.
- Commercial Name: The Keystone Heart TriGuard 3™ Cerebral Embolic Protection Device

Cerebral Embolic Protection During TAVR

Cont'd

- Peri-procedural neurological injury remains an important limitation of TAVR.
- Under fluoroscopic guidance, the device is positioned in the aortic arch to cover all major cerebral arteries (covering the innominate, left carotid, and left subclavian arteries),



[Download figure](#) | [Download PowerPoint](#)

Figure 8. Embolic protection devices (EPDs) **A**, Embrella Deflector (Edwards LifeSciences, Irvine, CA). **B**, Montage 2 Capture Device (Claret Medical, Santa Rosa, CA). **C**, Triguard Cerebral Deflector (Keystone Heart, Herzliya, Israel; formerly the Shimon Embolic protection filter or SHEF).

[Video](#)

Angioplasty with Sustained DES for Above & Below Knee Arteries

- New Table X27
- Two different purpose built sustained release drug-eluting stent systems: Eluvia for disease above the knee (proximal SFA and PPA) and Savalfor disease below the knee (infrapopliteal, tibial and peroneal).

X New Technology
2 Cardiovascular System
7 Dilation

Definition: Expanding an orifice or the lumen of a tubular body part

Explanation: The orifice can be a natural orifice or an artificially created orifice. Accomplished by stretching a tubular body part using intraluminal pressure or by cutting part of the orifice or wall of the tubular body part.

Body Part Character 4	Approach Character 5	Device/Substance/Technology Character 6	Qualifier Character 7
H Femoral Artery, Right J Femoral Artery, Left K Popliteal Artery, Proximal Right L Popliteal Artery, Proximal Left M Popliteal Artery, Distal Right N Popliteal Artery, Distal Left P Anterior Tibial Artery, Right Q Anterior Tibial Artery, Left R Posterior Tibial Artery, Right S Posterior Tibial Artery, Left T Peroneal Artery, Right U Peroneal Artery, Left	3 Percutaneous	8 Intraluminal Device, Sustained Release Drug-eluting 9 Intraluminal Device, Sustained Release Drug-eluting, Two B Intraluminal Device, Sustained Release Drug-eluting, Three C Intraluminal Device, Sustained Release Drug-eluting, Four or More	5 New Technology Group 5

Angioplasty with Sustained DES for Above & Below Knee Arteries Cont'd

- The sustained release of the anti-restenotic drug paclitaxel is intentionally **designed to elute beyond twelve months** delivering drug when restenosis is most likely to occur, a significantly longer period than the two month duration of drug deposited from drug coated balloons and drug coated stents.

[Video](#)

T2Bacteria Panel

- New code XXE5XM5 has been added for the T2Bacteria Panel
- The T2Bacteria® Panel is a new diagnostic technology that can detect five major bacterial pathogens directly from whole blood and **provide a result within three to five hours**, with an overall sensitivity of 90% and overall specificity of 98%.
- More rapid effective antimicrobial therapy has been shown to reduce the odds of death by over 50% and reduce the length of stay by an average of 8 days.

Drugs

- Vabomere XW0[3,4]3N5
 - FDA-approved for the treatment of patients 18 years of age and older with complicated urinary tract infections (cUTI) including pyelonephritis caused by the following susceptible microorganisms: Escherichia coli (E. coli), Klebsiella pneumoniae, and Enterobacter cloacae species complex.
- Erdafitnib XW0DXL5
 - An orally-administered fibroblast growth factor receptor (FGFR) tyrosine kinase inhibitor that is a targeted treatment for patients with metastatic or surgically unresectable urothelial cancer

Drugs Cont'd

➤ Erleada XW0DXJ5

- An orally administered androgen receptor inhibitor indicated for the treatment of patients with non-metastatic castration-resistant prostate cancer (NM-CRPC)

➤ Azedra XW0[3,4]3S5

- A very high specific activity radiopharmaceutical that is the first and only drug approved for the treatment of adult and pediatric patients 12 years and older with unresectable, locally advanced or metastatic pheochromocytoma or paraganglioma (collectively referred to as PPGL) who require systemic anticancer therapy.

Drugs Cont'd

- Caplacizumab (Cablivi)
 - XW0[1,3,4]3W5
 - Is an intravenously administered, humanized bivalent Nanobody® which is FDA approved to treat adults with acquired thrombotic thrombocytopenic purpura (aTTP)
- Contempo XW0[3,4]3K5
 - The drug's unique mechanism of action will provide treatment against most contemporary multidrug resistant (MDR) pathogens with limited treatment options

Drugs Cont'd

- Elzonris XW0[3,4]3Q5
 - Is an intravenously administered antineoplastic approved for treatment of Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN) (**C86.4, BlasticNK-cell lymphoma**) in adults and in pediatric patients 2 years and older
- IMI/REL XW0[3,4]3U5
 - The FDA has designated the combination of relebactam with imipenem/cilastatin for intravenous use as a Qualified Infectious Disease Product (QIDP) with Fast Track status for the treatment of complicated **urinary tract infections (cUTI), complicated intra-abdominal infections (cIAI) and hospital-acquired bacterial pneumonia/ventilator-associated bacterial pneumonia (HABP/VABP).**

Drugs Cont'd

➤ Jakafi XW0DXT5

- An orally administered drug for the treatment of patients with acute graft versus host disease (GVHD) who have had an inadequate response to corticosteroids, submitted with Orphan Drug and Breakthrough Therapy designations

➤ Venclexta XW0DXR5

- For the treatment of newly-diagnosed AML patients that are ineligible for intensive chemotherapy, either due to age greater than 75 or due to the presence of comorbidities

Drugs Cont'd

- Xospata XW0DXV5
 - Is an oral medication approved for the treatment of adult patients who **have relapsed or refractory (R/R) Acute Myeloid Leukemia (AML)** with a FLT3 mutation

ICD-10-PCS Guideline Update

Guidelines and Conventions

- These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-10-PCS itself.
 - **They are intended to provide direction that is applicable in most circumstances. However, there may be unique circumstances where exceptions are applied.**
 - The instructions and conventions of the classification take precedence over guidelines.
-

Medical & Surgical Section Guidelines

- The guideline took out example root operations and specified the upper and lower extremities

B2.1a. The procedure codes in **Anatomical Regions, General, Anatomical Regions, Upper Extremities and Anatomical Regions, Lower Extremities** can be used when the procedure is performed on an anatomical region rather than a specific body part, or on the rare occasion when no information is available to support assignment of a code to a specific body part.

Examples:

Chest tube drainage of the pleural cavity is coded to the root operation Drainage found in the **body system Anatomical Regions, General**.

Suture repair of the abdominal wall is coded to the root operation Repair in the **body system Anatomical Regions, General**.

Amputation of the foot is coded to the root operation Detachment in the **body system Anatomical Regions, Lower Extremities**.

Medical & Surgical Section Guidelines Cont'd

Guideline B3.1b

- **B3.1b.** Components of a procedure specified in the root operation definition **or** explanation **as integral to that root operation** are not coded separately.
 - Procedural steps necessary to reach the operative site and close the operative site, including anastomosis of a tubular body part, are also not coded separately.
-

Medical & Surgical Section Guidelines Cont'd

➤ Guideline B3.1b Continued

Exceptions:

- **Mastectomy followed by breast reconstruction, both resection and replacement of the breast are coded separately.**
-

Medical & Surgical Section Guidelines Cont'd

➤ Guideline B3.5 *Overlapping Body Layers*

If root operations **such as** Excision, **Extraction**, Repair or Inspection are performed on overlapping layers of the musculoskeletal system, the body part specifying the deepest layer is coded.

➤ Extraction was added for non-excisional debridements

Medical & Surgical Section Guidelines Cont'd

- Guideline B3.9 *Excision for Graft*
 - If an autograft is obtained from a different procedure site in order to complete the objective of the procedure, a separate procedure is coded,
 - **Except when the seventh character qualifier value in the ICD-10-PCS table fully specifies the site from which the autograft was obtained.**
-

Medical & Surgical Section Guidelines Cont'd

➤ Guideline B3.9 Continued

Example:

- **Replacement of breast with autologous deep inferior epigastric artery perforator (DIEP) flap, excision of the DIEP flap is not coded separately.**
 - **The seventh character qualifier value Deep Inferior Epigastric Artery Perforator Flap in the Replacement table fully specifies the site of the autograft harvest.**
-

Medical & Surgical Section Guidelines Cont'd

➤ Guideline B3.9 Continued

0 Medical and Surgical H Skin and Breast R Replacement				
Body Part Character 4		Approach Character 5	Device Character 6	Qualifier Character 7
T Breast, Right Mammary Duct Mammary Gland	U Breast, Left <i>See T Breast, Right</i> V Breast, Bilateral <i>See T Breast, Right</i>	0 Open	7 Autologous Tissue Substitute	5 Latissimus Dorsi Myocutaneous Flap 6 Transverse Rectus Abdominis Myocutaneous Flap 7 Deep Inferior Epigastric Artery Perforator Flap 8 Superficial Inferior Epigastric Artery Flap 9 Gluteal Artery Perforator Flap Z No Qualifier

Medical & Surgical Section Guidelines Cont'd

- Guideline B4.1b Body Part General Guidelines
- Under Example the following was added:

A procedure site documented as involving the periosteum is coded to the corresponding bone body part.

Radiation Therapy Section Guidelines (section D)

➤ Brachytherapy

D1.a. Brachytherapy is coded to the modality Brachytherapy in the Radiation Therapy section. When a radioactive brachytherapy source is left in the body at the end of the procedure, it is coded separately to the root operation Insertion with the device value Radioactive Element.

Example:

Brachytherapy with implantation of a low dose rate brachytherapy source left in the body at the end of the procedure is coded to the applicable treatment site in section D, Radiation Therapy, with the modality Brachytherapy, the modality qualifier value Low Dose Rate, and the applicable isotope value and qualifier value. The implantation of the brachytherapy source is coded separately to the device value Radioactive Element in the appropriate Insertion table of the Medical and Surgical section. The Radiation Therapy section code identifies the specific modality and isotope of the brachytherapy, and the root operation Insertion code identifies the implantation of the brachytherapy source that remains in the body at the end of the procedure.

Exception:

Implantation of Cesium-131 brachytherapy seeds embedded in a collagen matrix to the treatment site after resection of brain tumor is coded to the root operation Insertion with the device value Radioactive Element, Cesium-131 Collagen Implant. The procedure is coded to the root operation Insertion only, because the device value identifies both the implantation of the radioactive element and a specific brachytherapy isotope that is not included in the Radiation Therapy section tables.

D1.b. A separate procedure to place a temporary applicator for delivering the brachytherapy is coded to the root operation Insertion and the device value Other Device.

Examples:

Intrauterine brachytherapy applicator placed as a separate procedure from the brachytherapy procedure is coded to Insertion of Other Device, and the brachytherapy is coded separately using the modality Brachytherapy in the Radiation Therapy section.

Intrauterine brachytherapy applicator placed concomitantly with delivery of the brachytherapy dose is coded with a single code using the modality Brachytherapy in the Radiation Therapy section.

New Technology Section Guidelines (Section X)

- Guideline E1.a *General Guidelines*
- Section X codes fully represent the specific procedure described in the code title, and do not require additional codes from other sections of ICD-10-PCS.
- When section X contains a code title which **fully** describes a specific new technology procedure, **and it is the only procedure performed, only the section X code is reported for the procedure. There is no need to report an additional code in another section of ICD-10-PCS.**

New Technology Section Guidelines (Section X) Cont'd

E1.b. When multiple procedures are performed, New Technology section X codes are coded following the multiple procedures guideline.

Examples:

Dual filter cerebral embolic filtration used during transcatheter aortic valve replacement (TAVR), X2A5312 Cerebral Embolic Filtration, Dual Filter in Innominate Artery and Left Common Carotid Artery, Percutaneous Approach, New Technology Group 2, is coded for the cerebral embolic filtration, along with an ICD-10-PCS code for the TAVR procedure.

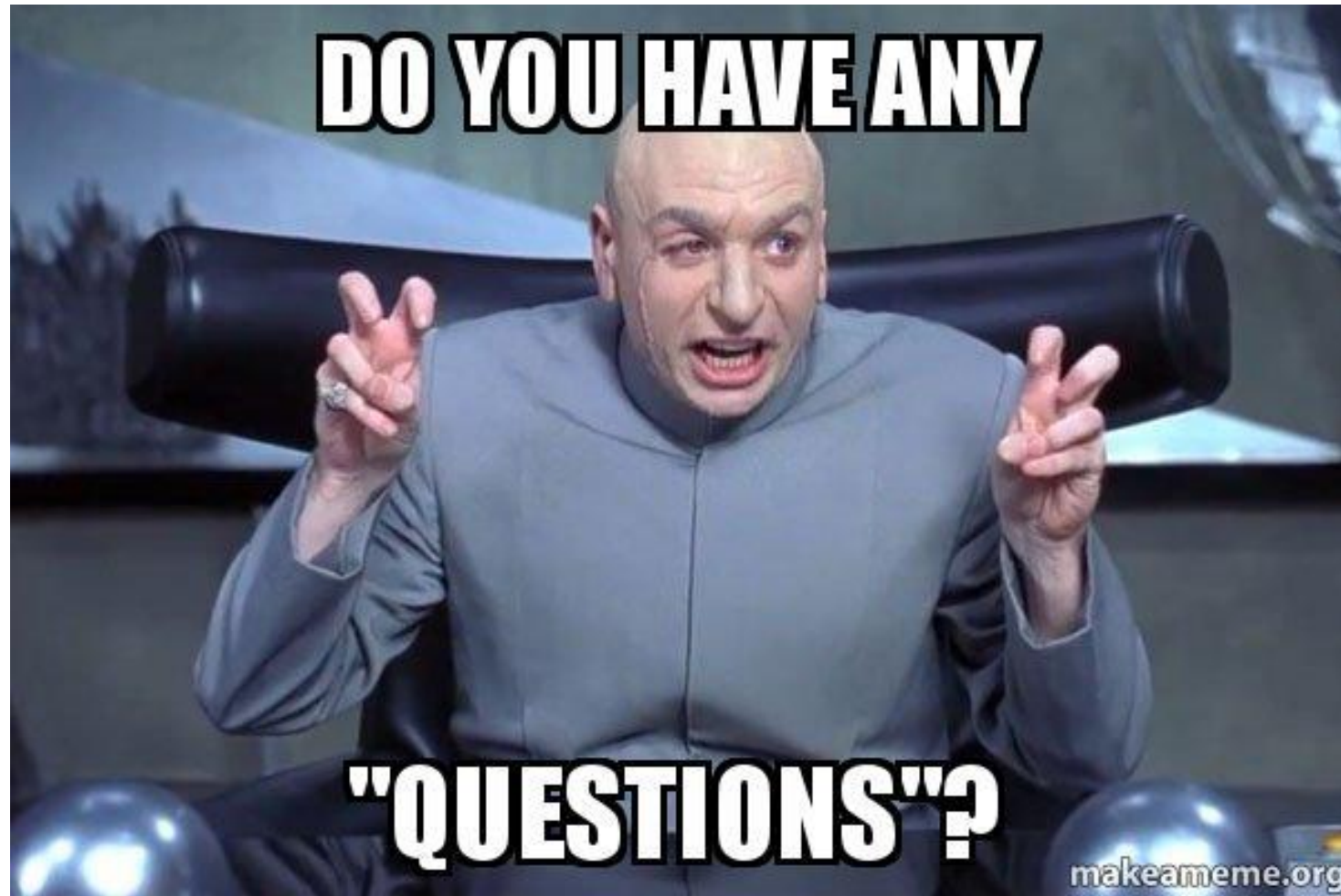
Magnetically controlled growth rod (MCGR) placed during a spinal fusion procedure, a code from table XNS, Reposition of the Bones is coded for the MCGR, along with an ICD-10-PCS code for the spinal fusion procedure.

Other Changes

PCS Value	Definition	Coding Clinic Reference/Rationale for code changes
<i>Subcutaneous Tissue and Fascia</i>	Submandibular Space	Incision and drainage of submandibular space, ICD-10-CM/PCS Coding Clinic, Third Quarter ICD-10 2018 Page:16 Effective with discharges: September 24, 2018
PCS Value	Change	Coding Clinic Reference/Rationale for code changes
Control	Explanation Deleted The site of the bleeding is coded as an anatomical region and not to a specific body part	It can now be coded to the specific body part as they added control in the ear nose and sinus body system to be able to capture control of epistaxis. Therefore the explanation is no longer valid.

IPPS Update-Miscellaneous & IQR

FFY 2019



Resources & Citations

- [CMS FFY 2020 IPPS Home Page](#)
 - [2020 ICD-10-CM CDC](#)
 - [ICD-10 C&M Committee](#)
 - Schmidt. A, Willard. P. (2019) *ICD-10-CM Professional for Hospitals*. Optum360, Salt Lake City, UT
-