# Master the 2017 Code Changes

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# Purpose of Coding

- HIPAA Administrative Simplification Rule
  - October 16, 2003
  - Every provider/every payor
- Statistical data
- Clinical picture
- Payment
- Establish medical necessity for our claims
- Risk adjustment
- Compliance with applicable coding guidelines

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# Classification System

- World Health Organization (WHO) developed and owns ICD-10 classification system

- U.S. developed clinical modification (ICD-10-CM) Code Set and Guidelines are developed and approved by the Cooperating Parties:

  - (AHA) American Hospital Association

  - (AHIMA) American Health Information Management Association

  - (CMS) Center for Medicare and Medicaid Services

  - (NCHS) National Center for Health Statistics

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# Purpose of ICD-10-CM

- ICD-10-CM is used to:

  - Calculate payment

  - Adjudicate coverage

  - Compile statistics

  - Assess quality

  - Risk adjustment

  - Outcomes

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# 2017 Code Changes

- 2670 coding changes
  - 1943 new codes
  - 422 revised codes
  - 305 deleted codes
- First update since 2011 code freeze
- Final code update will be released in June
- Guidelines and addenda will be released in June
- Changes take effect October 1, 2016

# Most Common Changes
# Effecting  Home Health and Hospice

- Chapter 4:  Endocrine (E00-E89)
- - 260 new codes for reporting manifestations
- Chapter 13: Musculoskeletal (M00-M99)
-  - 152 new codes including bunions and cervical spine disorders
- Chapter 19: Injury, poisoning (S00-T88)
- - 885 new codes most including fracture codes

*Note: See quick view tool*

# 2017 Code Changes

- Seems like a lot of changes
- Many represent the same code with different 7$^{th}$ characters
- Deleting an unspecified code and replacing with characters for laterality
- Deleted code examples:
- S03.4xxA – Sprain of jaw, initial encounter
- S03.4xxD – Sprain of jaw, subsequent encounter
- S03.4xxS – Sprain of jaw, sequela

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# 2017 Guidelines
# and Conventions

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# Excludes 1
# Exception

- Exception occurs when the circumstance of two conditions are unrelated to each other.

- If it is not clear whether the two conditions involving an Excludes 1 note are related or not, query the provider

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# Excludes 1 Exception
# Example

- Code F45.8, other somatoform disorders, has an Excludes 1 note for "sleep related teeth grinding (G47.63)," because "teeth grinding" is an inclusion term under F45.8. Only one of these two codes should be assigned for teeth grinding

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disorder with related psychological factors, this code should be additionally assigned.

**F45.8  Other somatoform disorders**
Psychogenic dysmenorrhea
Psychogenic dysphagia, including 'globus hystericus'
Psychogenic pruritus
Psychogenic torticollis
Somatoform autonomic dysfunction
Teeth grinding
  EXCLUDES 1   sleep related teeth grinding (G47.63)

**F45.9  Somatoform disorder, unspecified**
Psychosomatic disorder NOS

**4 F48  Other nonpsychotic mental disorders**

**F48.1  Depersonalization-derealization syndrome**

**F48.2  Pseudobulbar affect**
Involuntary emotional expression disorder
Code first underlying cause, if known, such as:
amyotrophic lateral sclerosis (G12.21)
multiple sclerosis (G35)
sequelae of cerebrovascular disease (I69.-)
sequelae of traumatic intracranial injury (S06.-)
  CODING TIPS ✓   This is an example of a

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# Excludes 1 Exception Example

- However, psychogenic dysmenorrhea is also an inclusion term under F45.8, and a patient could have both this condition and sleep related teeth grinding. In this case, the two conditions are clearly unrelated to each other and so it would be appropriate to report F45.8 and G47.63 together

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# Code Assignment and Clinical Criteria

- The assignment of a diagnosis code is based on the provider's diagnostic statement that the condition exists

- The provider's statement that the patient has a particular condition is sufficient

- Code assignment is not based on clinical criteria used by the provider to establish the diagnosis

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# Manifestation Coding

- Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology.

- For such conditions, the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first, *if applicable,* followed by the manifestation

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# Coding Clinic Clarification

- Some payers are denying claims when heart failure or sepsis codes are sequenced as the principal diagnosis because they are misinterpreting the "code first" note at categories I50, heart failure, and A41, Other sepsis

- The 'code first' note means code first, if present.

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# Example

- Patient admitted to home health with diagnosis of acute diastolic congestive heart failure. The cardiologist's note indicated HFpEF with blood pressures that had remained within normal limits exhibiting a mean of 130/72.

- M1021: I50.31 Acute diastolic congestive heart failure

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**Heart failure**

Code first:
- heart failure complicating abortion or ectopic or molar pregnancy (O00-O07, O08.8)
- heart failure due to hypertension (I11.0)
- heart failure due to hypertension with chronic kidney disease (I13.-)
- heart failure following surgery (I97.13-)
- obstetric surgery and procedures (O75.4)
- rheumatic heart failure (I09.81)

**EXCLUDES 1** neonatal cardiac failure (P29.0)

**EXCLUDES 2** cardiac arrest (I46.-)

**CODING TIPS ✓** Decompensated indicates there has been a flare-up or exacerbation of a chronic condition.

**CODING TIPS ✓** The term "congestive" is a non-essential modifier for heart failure codes. When coding heart failure, note the non-essential modifier (congestive) and that no additional code should be used if a patient has both CHF and a more specific form of heart failure, such as diastolic heart failure, for example.

**CODING TIPS ✓** When both heart failure and a

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# Bilateral Conditions

- When a patient has a bilateral condition and each side is treated during separate encounters, assign the 'bilateral' code (as the condition still exists on both sides)

- Including for the encounter for treatment after one side has previously been treated and the condition no longer exists on that side, assign the appropriate unilateral code for the side where the condition still exists

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# Bilateral Conditions

- The bilateral code would not be assigned for the subsequent encounter, as the patient no longer has the condition in the previously treated site

- If the treatment on the first side did not completely resolve the condition, then the bilateral code would still be appropriate

- e.g. cataract surgery performed on each eye in separate encounters

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# Example

- Patient admitted to home health with exacerbated pain and decreased mobility due to primary osteoarthritis of bilateral knees. Both therapy and nursing will be seeing the patient.

- M1021: M17.0 Bilateral osteoarthritis of knees

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# Example

- Same patient admitted to home health for surgical aftercare for left knee replacement due to primary osteoarthritis. Patient will have right knee joint replaced when the left joint replacement has healed.
- M1021: Z47.1 Aftercare following joint replacement surgery
- M1023: Z96.652 Presence of left artificial knee joint
- M1023: M17.11 Osteoarthritis of right knee

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# A, B INFECTIOUS/PARASITIC DISEASES

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# Zika Virus
# A92.5

- Code only a <u>confirmed</u> diagnosis of Zika virus as documented by the provider

- Confirmation <u>does not require</u> documentation of the <u>type</u> of test performed

- The <u>physician's</u> diagnostic <u>statement</u> that the condition is confirmed is <u>sufficient</u>

- Should be <u>assigned regardless</u> of the stated <u>mode</u> of transmission

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# Zika Virus
# A92.5

- If the provider documents "suspected", "possible" or "probable" Zika, <u>do not assign</u> code A92.5. Assign a codes(s) explaining the reason for encounter (such as fever, rash, or joint pain) or Z20.828, Contact with and (suspected) exposure to other viral communicable disease

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# Example

- Missionary admitted to home health with confirmation of Zika virus. She recently returned from Brazil where she had spent the last 6 months. Nursing will be monitoring viral symptoms and teaching and training on newly diagnosed gestational diabetes with insulin dependence. The patient is 16 weeks pregnant.

# Answer

- M1021: O98.511 Other viral disease complicating pregnancy in first trimester

- M1023: A92.5 Zika Virus

- M1023: O24.414 Gestational diabetes mellitus, insulin controlled

# 2017 Code Changes
# Neoplasms

## Revision Example

- C81.11 Nodular sclerosis <u>classical</u> Hodgkin lymphoma, lymph nodes of head, face, and neck
- C81.11 Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck

- *Note: These revised codes remain on the case mix list*

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# 2017 Code Changes
# Neoplasms

## New Code Examples

- C49.A1 Gastrointestinal stromal tumor of esophagus
- D47.Z2 Castleman disease

- *Note: Neither code garners case mix points*

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# 2017 Code Changes
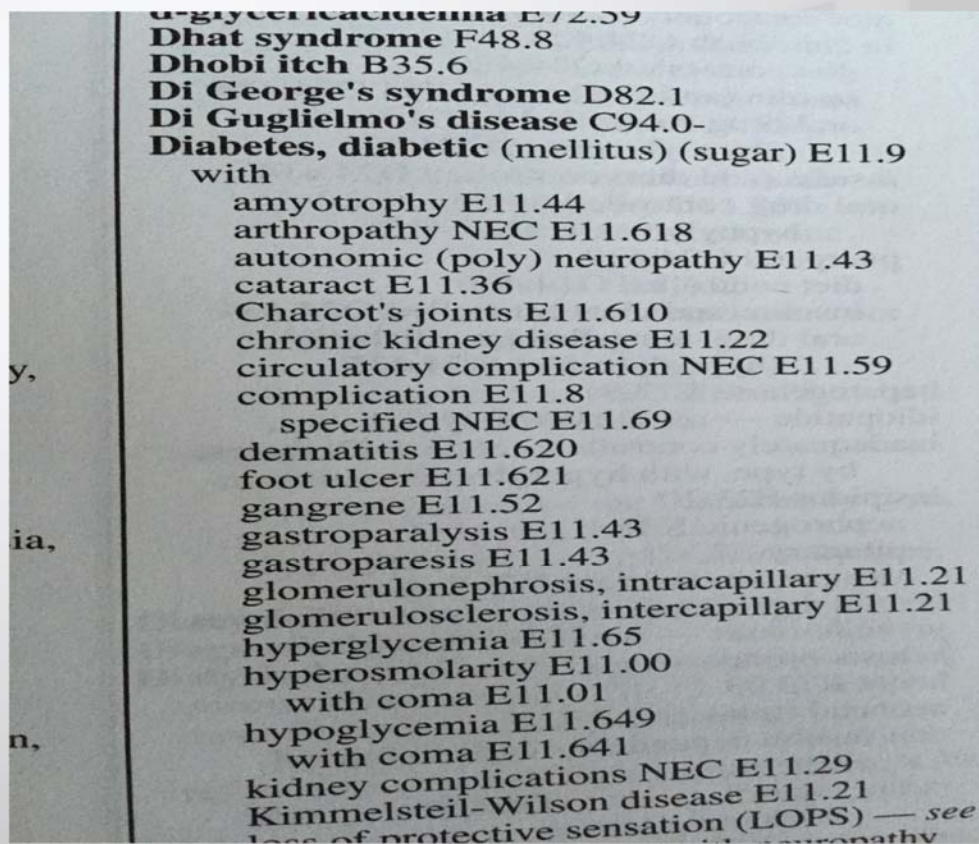# Diseases of the Blood

## New Code Examples

- D89.40 Mast cell activation, unspecified
- D89.41 Monoclonal mast cell activation syndrome
- D89.42 Idiopathic mast cell activation syndrome
- D89.43 Secondary mast cell activation
- D89.49 Other mast cell activation disorder
- *Note: These codes do not garner case mix points*

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# With

- The word "with" should be interpreted to mean "associated with" or "due to" when it appears in a code title, the alphabetic Index, or an instructional note in the Tabular List
- The word "with" in the Alphabetic Index is sequenced immediately following the main term, not in alphabetical order

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# With

- The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List

- These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated

- For conditions not specifically linked by these relational terms in the classification, provider documentation must link the conditions in order to code them as related

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d-glycericacidemia E72.59
**Dhat syndrome** F48.8
**Dhobi itch** B35.6
**Di George's syndrome** D82.1
**Di Guglielmo's disease** C94.0-
**Diabetes, diabetic** (mellitus) (sugar) E11.9
   with
      amyotrophy E11.44
      arthropathy NEC E11.618
      autonomic (poly) neuropathy E11.43
      cataract E11.36
      Charcot's joints E11.610
      chronic kidney disease E11.22
      circulatory complication NEC E11.59
      complication E11.8
         specified NEC E11.69
      dermatitis E11.620
      foot ulcer E11.621
      gangrene E11.52
      gastroparalysis E11.43
      gastroparesis E11.43
      glomerulonephrosis, intracapillary E11.21
      glomerulosclerosis, intercapillary E11.21
      hyperglycemia E11.65
      hyperosmolarity E11.00
         with coma E11.01
      hypoglycemia E11.649
         with coma E11.641
      kidney complications NEC E11.29
      Kimmelsteil-Wilson disease E11.21
      loss of protective sensation (LOPS) — *see*

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# "With" Example

- Patient admitted with type II diabetes and polyneuropathy of the lower extremities

- M1021: E11.42 Diabetes mellitus type II with polyneuropathy

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# "With" Example

- Patient admitted with type 1 diabetes presenting with a right midfoot ulcer with the fat layer exposed and acute osteomyelitis. The physician also diagnosed the patient in stage 2 chronic renal failure. Patient takes insulin and will be on IV antibiotics for six weeks.

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# Answer

- M1021: E10.621 Diabetes mellitus type I with a foot ulcer
- M1023: L97.412 Non pressure chronic ulcer of right mid foot with fat layer exposed
- M1023: E10.69 Diabetes mellitus type 1 with other complication
- M1023: M86.171 Other acute osteomyelitis of right mid foot
- M1023:  E10.22 Diabetes mellitus type 1 with chronic kidney disease
- M1023: N18.2 Chronic kidney disease stage 2
- M1023: Z45.2 Vascular access device
- M1023: Z79.2 Long term (current) use of antibiotics

# 2017 Code Changes
# Endocrine

- Deleted Code:
- E11.321 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- Revised to:
- E11.3211 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
- E11.3212 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
- E11.3213 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
- E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye

# Example

- Type II insulin dependent diabetic admitted for management of new meds due to exacerbation of macular edema due to mild nonproliferative diabetic retinopathy of the right eye. Patient is on insulin

- M1021: E11.3211 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye

- M1023: Z79.4 Long term (current) use of insulin

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# 2017 Code Changes
# Endocrine

- E89.810 Postprocedural <u>hemorrhage and hematoma</u> of an endocrine system organ or structure following an endocrine system procedure

- Revise to

- E89.810 Postprocedural <u>hemorrhage</u> of an endocrine system organ or structure following an endocrine system procedure

- New code:

- E89.820 Add Postprocedural <u>hematoma</u> of an endocrine system organ or structure following an endocrine system procedure

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# 2017 Code Changes
# Mental, Behavorial

- Delete:
- F42 Obsessive-compulsive disorder
- New Codes:
- F42.2 Mixed obsessional thoughts and acts
- F42.3 Hoarding disorder
- F42.4 Excoriation (skin-picking) disorder
- F42.8 Other obsessive compulsive disorder
- F42.9 Obsessive-compulsive disorder, unspecified

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# Example

- Patient admitted with a diagnosis of alcoholic cirrhosis with ascites and obsessive compulsive disorder. The nurse arrives to find she must follow a narrow pathway to the patient due to old magazines and newspapers stacked from floor to ceiling in every room. The drinking is in remission per the physician. The ascites is the focus of care.

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# Answer

- M1021: K70.31 Alcoholic cirrhosis of liver with ascites
- M1023: F10.21 Alcohol dependence in remission
- M1023: F42.3 Hoarding disorder

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# Psychoactive Substance Use

- When the provider documentation refers to use, abuse and dependence of the same substance (e.g. alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:

- If both use and abuse are documented, assign only the code for abuse

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# Psychoactive Substance Use

- If both abuse and dependence are documented, assign only the code for dependence

- If use, abuse and dependence are all documented, assign only the code for dependence

- If both use and dependence are documented, assign only the code for dependence.

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# Example

Patient admitted to home health due to alcoholic polyneuropathy. His physician lists "alcohol dependence and use". He has also received a concurrent diagnosis of alcoholic cirrhosis.

G62.1 Alcoholic Polyneuropathy

K70.30 Alcoholic cirrhosis of liver w/out ascites

F10.20 Alcohol dependence

# Example

- Patient admitted for exacerbation of COPD. He has just been started on O2 via nasal cannula. Physician documentation states patient has smoked for 35 years, is unable to quit and is still smoking 1 pack cigarettes daily.

# Answer

- M1021: J44.1 COPD with exacerbation

- M1023: F17.210 Dependence on cigarettes

- M1023: Z99.81 Dependence on supplemental oxygen

# 'Use' Inclusion Note

## Effective October 1, 2016
## F10 - alcohol related disorders

- F10.10 Alcohol abuse, uncomplicated
  Alcohol use disorder, *mild*

- F10.20 Alcohol dependence, uncomplicated
  Alcohol use disorder, *moderate*
  Alcohol use disorder, *severe*

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# Mild/Moderate/Severe

- DSM-5 Criteria
- 11 interview questions asked patient
- Use = Presence of a least 2 symptoms (answer of yes) indicates an alcohol use disorder
  - Mild = Presence of 2 to 3 symptoms
  - Moderate = Presence of 4 to 5 symptoms
  - Severe = Presence of 6 or more symptoms

# 2017 Code Changes
## Mental, Behavorial

- Delete:
- F50.8 Other eating disorders
- New Code:
- F50.81 Binge eating disorder
- F50.89 Other specified eating disorder

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# 2017 Code Changes
## Mental, Behavorial

- New Code:
- F64.0 Transsexualism
- F64.1 Gender identity disorder in adolescence and adulthood
- Revise to:
- F64.1 Dual role transvestism

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# 2017 Code Changes
# Nervous System

- New Codes:
- G56.03 Carpal tunnel syndrome, <u>bilateral</u> upper limbs
- G56.13 Other lesions of median nerve, <u>bilateral</u> upper limbs
- G56.23 Lesion of ulnar nerve, <u>bilateral</u> upper limbs
- G56.33 Lesion of radial nerve, <u>bilateral</u> upper limbs

# Hypertensive Urgency
# I16

- New Codes:
- Hypertensive urgency = At least 180/110 with no organ damage
- Hypertensive emergency = At least 180/110 with organ damage
- Hypertensive crisis = At least 180/110 with organ damage unknown
- Require immediate medical attention
- Generally appropriate for M1011/M1017

# Example

- Patient presented to ED with a hypertensive emergency. The patient's blood pressure was 220/125. The patient had recently been diagnosed with HTN due to Cushing's syndrome.

# Answer

- M1011:
    - I16.1 Hypertension emergency
    - I15.2 Hypertension secondary to endocrine disorders
    - E24.9 Cushing's syndrome
- M1021: I15.2 Hypertension secondary to endocrine disorders
- M1023: E24.9 Cushing's syndrome

# Pleural Effusion

- Previous guidance: CC advised pleural effusion in CHF is integral and should not be listed as a secondary diagnosis

- New guidance: Pleural effusion (J91.8) should be listed as an additional diagnosis if the condition requires either therapeutic intervention or diagnostic testing

- *Source: Coding Clinic 2nd Quarter, 2015*

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# Example

- Patient admitted with hypertensive heart disease with CHF, chronic diastolic heart failure and pleural effusion due to the heart failure. The patient has a newly placed PleurX catheter. The focus of care is the pleural effusion.

# Answer

- M1021: Z48.813 Aftercare following surgery on the respiratory system
- M1023: I11.0 Hypertensive heart disease with heart failure
- M1023: I50.32 Chronic diastolic (congestive) heart failure
- M1023: J91.8 Pleural effusion
- M1023: Z46.82 Non vascular catheter

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# Ejection Fraction
# New Coding Clinic Guidance

- Question: Coding Clinic was asked to reconsider previous guidance stating the coder cannot assume either diastolic or systolic failure or a combination of both, based on documentation of heart failure with preserved ejection fraction (HFpEF) or heart failure with reduced ejection fraction (HFrEF). Would it be appropriate to code diastolic or systolic heart failure when the provider documents (HFpEF) or (HFrEF)?

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# Ejection Fraction
# New Coding Clinic Guidance

- Based on additional information received from the American College of Cardiology (ACC), the Editorial Advisory Board for *Coding Clinic* for ICD-10CM/PCS has reconsidered previously published advice about coding heart failure with preserved ejection fraction (HFpEF), and heart failure with reduced ejection fraction (HFrEF).

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# Ejection Fraction
# New Coding Clinic Guidance

- (HFpEF) may also be referred to as heart failure with preserved systolic function, and this condition may also be referred to as diastolic heart failure

- (HFrEF) may also be called heart failure with low ejection fraction, or heart failure with reduced systolic function, or other similar terms meaning systolic heart failure.

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# Ejection Fraction
## New Coding Clinic Guidance

- These terms (HFpEF) and (HFrEF) are more contemporary terms that are being more frequently used, and can be further described as acute or chronic

- Therefore when the provider has documented (HFpEF), (HFrEF), or other similar terms noted above, the coder may interpret these as "diastolic heart failure" or "systolic heart failure" respectively, or a combination of both if indicated and assign the appropriate ICD-10-CM codes

- *Source: Coding Clinic 1st Quarter, 2016*

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# Ejection Fraction

- Ejection fraction is a measurement of the percentage of blood leaving the heart each time it contracts
- During each heartbeat (pumping cycle) the heart contracts and relaxes
- When the heart contracts, it ejects blood from the two pumping chambers (ventricles)
- When the heart relaxes, the ventricles refill with blood
- The purpose of an ejection fraction is to measure how well the heart is pumping

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# Ejection Fraction

- **Normal:**

    Between 50% and 70%

- **Borderline:**

    Between 41% and 49%

- **Low:**

    < 40% indicates HF or cardiomyopathy

- **High:**

    > 75% may indicate other heart conditions

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# HFpEF Pathophysiology

- Normal ventricular filling is achieved in large part by ventricular suction, the active component of early diastole

- With (HFpEF) the left ventricle can no longer "pull" blood in during early diastole

- The heart muscle contracts normally but ventricular filling becomes dependent on high left atrial (LA) pressure to actively "push" blood into the left ventricle

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# HFpEF

- Nearly half of all patients with heart failure have a normal ejection fraction (50% or >)

- HFpEF is the most common type of heart failure

- The prevalence of this syndrome, has created the term 'heart failure with preserved ejection fraction' or (HFpEF)

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# HFpEF

- Heart failure with <u>preserved</u> ejection fraction

- May be referred to as:

    - Heart failure with preserved systolic function

    - Diastolic heart failure

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# HFrEF
# Pathophysiology

- Normal ventricular emptying is achieved by ventricular contraction, the active component of early systole

- With (HFrEF) the left ventricle can no longer "squeeze" blood out during early systole

- The heart muscle does not contract normally and ventricular emptying is inefficient resulting in the blood not being "pushed" out to the arteries

# HFrEF

- Heart failure with <u>reduced</u> ejection fraction

- May be referred to as:

  - Heart failure with low ejection fraction

  - Heart failure with reduced systolic function

  - Systolic heart failure

  - Other similar terms meaning systolic heart failure

# Example

- Patient admitted to home health with CHF, emphysema, HTN, DM and neuropathy. The cardiologist's H&P includes the term HFpEF. The focus of care is the heart failure.

# Answer

- M1021: I11.0 Hypertensive heart disease with heart failure

- M1023: I50.32 Chronic diastolic (congestive) heart failure

- M1023: J43.9 Emphysema

- M1023: E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified

# Example

- Patient admitted to home health with CHF, emphysema, HTN, DM and neuropathy. The cardiologist's H&P includes the term, HFrEF. The echocardiogram report indicates an ejection fraction of 32%. The focus of care is the heart failure.

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# Answer

- M1021: I11.0 Hypertensive heart disease with heart failure

- M1023: I50.22 Chronic systolic (congestive) heart failure

- M1023: J43.9 Emphysema

- M1023: E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified

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# Chapter Specific Guidance

- The classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement, as the two conditions are linked by the term "with" in the Alpha Index

- These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated

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# Chapter Specific Guidance

- For hypertension and conditions not specifically linked by relational terms such as "with" "associated with" or "due to" in the classification, provider documentation must link the conditions in order to code them as related

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specified NEC  G47.19
**Hypersplenia, hypersplenism**  D73.1
**Hyperstimulation, ovaries** (associated with
  induced ovulation)  N98.1
**Hypersusceptibility** — *see* Allergy
**Hypertelorism** (ocular) (orbital)  Q75.2
**Hypertension, hypertensive** (accelerated)
  (benign) (essential) (idiopathic)
  (malignant) (systemic)  I10
  with
    heart involvement (conditions in I51.4–
      I51.9 due to hypertension) — *see*
      Hypertension, heart
    kidney involvement — *see* Hypertension,
      kidney
  benign, intracranial  G93.2
  borderline  R03.0
  cardiorenal (disease)  I13.10
    with heart failure  I13.0
      with stage 1 through stage 4 chronic
        kidney disease  I13.0
      with stage 5 or end stage renal disease
        I13.2
    without heart failure  I13.10
      with stage 1 through stage 4 chronic
        kidney disease  I13.10
    with stage 5 or end stage renal disease

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gestational (without significant proteinuria)
  (pregnancy-induced) (transient)  O13.-
  with significant proteinuria — *see* Pre-
    eclampsia
Goldblatt's  I70.1
—heart (disease) (conditions in I51.4-I51.9 due
    to hypertension)  I11.9
  with
    heart failure (congestive)  I11.0
    kidney disease (chronic) — *see*
      Hypertension, cardiorenal
  intracranial (benign)  G93.2
— kidney  I12.9
  with
    heart disease — *see* Hypertension,
      cardiorenal
    stage 5 chronic kidney disease (CKD) or
      end stage renal disease (ESRD)
      I12.0
    stage 1 through stage 4 chronic kidney
      disease  I12.9
  lesser circulation  I27.0
  newborn  P29.2
    pulmonary (persistent)  P29.3
  ocular  H40.05-
  pancreatic duct - code to underlying
    condition

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# Example

- Patient admitted for HTN and chronic systolic heart failure. Heart failure is the focus of care

- M1021: I11.0 Hypertensive heart disease with heart failure
- M1023: I50.22 Chronic systolic heart failure

# Example

- Patient with CHF is admitted for an acute exacerbation of chronic systolic heart failure. The patient also has HTN and stage 4 chronic kidney disease. The heart failure is the focus of care.

# Answer

- M1021: I13.0 Hypertensive heart disease with heart failure and chronic kidney disease

- M1023: I50.23 Acute on chronic systolic (congestive) heart failure

- M1023: N18.4 Chronic kidney disease stage 4 (severe)

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# 2017 Code Changes
# Circulatory System

- Deleted  Code:
- I69.31 Cognitive deficits following cerebral infarction
- New Codes:
- I69.310  Attention and concentration deficit following cerebral infarction
- I69.311 Memory deficit following cerebral infarction
- I69.312 Visuospatial deficit and spatial neglect following cerebral infarction

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# 2017 Code Changes
# Circulatory System

- I69.313 Psychomotor deficit following cerebral infarction
- I69.314 Frontal lobe and executive function deficit following cerebral infarction
- I69.315 Cognitive social or emotional deficit following cerebral infarction
- I69.318 Other symptoms and signs involving cognitive functions following cerebral infarction
- I69.319 Unspecified symptoms and signs involving cognitive functions following cerebral infarction

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# Example

- Patient admitted with memory problems, visuospatial deficits, and aphasia due to a CVA suffered 2 weeks ago. The patient also has HTN and the focus of care is the memory deficit.

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# Answer

- M1021: I69.311 Memory deficit following cerebral infarction

- M1023: I69.312 Visuospatial deficit and spatial neglect following cerebral infarction

- M1023: I69.320 Aphasia following cerebral infarction

- M1023: I10 Hypertension

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# 2017 Code Changes
# Digestive System

- New Codes:

- K58.1 Irritable bowel syndrome with constipation

- K58.2 Mixed irritable bowel syndrome

- K58.8 Other irritable bowel syndrome

- K59.03 Drug induced constipation

- K59.04 Chronic idiopathic constipation

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# 2017 Code Changes
# Skin and Subcutaneous

- New Code:
- L03.213 Periorbital cellulitis
- Revisions:
- L76.21 Postprocedural <u>hemorrhage and hematoma</u> of skin and subcutaneous tissue following a dermatologic procedure
- L76.21 Postprocedural <u>hemorrhage</u> of skin and subcutaneous tissue following a dermatologic procedure
- New code:
- L76.31 Add Postprocedural <u>hematoma</u> of skin and subcutaneous tissue following a dermatologic procedure

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# 2017 Code Changes
# Musculoskeletal System

- New Codes:
- M84.751A  Incomplete <u>atypical</u> femoral fracture, right leg, initial encounter for fracture
- M84.751D Incomplete atypical femoral fracture, right leg, subsequent encounter for fracture with routine healing
- M84.751G Incomplete atypical femoral fracture, right leg, subsequent encounter for fracture with delayed healing
- M84.751K Incomplete atypical femoral fracture, right leg, subsequent encounter for fracture with nonunion
- M84.751P Incomplete atypical femoral fracture, right leg, subsequent encounter for fracture with malunion
- M84.751S Incomplete atypical femoral fracture, right leg, sequela

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# 2017 Code Changes
## Musculoskeletal System

- New Codes:

- M97.01XA Periprosthetic fracture around internal prosthetic right hip joint, initial encounter

- M97.01XD Periprosthetic fracture around internal prosthetic right hip joint, subsequent encounter

- M97.01XS Periprosthetic fracture around internal prosthetic right hip joint, sequela

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# 2017 Code Changes
## Injury Poisoning

- Deleted codes:

- T84.040A Periprosthetic fracture around internal prosthetic right hip joint, initial encounter

- T84.040D Periprosthetic fracture around internal prosthetic right hip joint, subsequent encounter

- T84.040S Periprosthetic fracture around internal prosthetic right hip joint, sequela

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# 2017 Code Changes
## Genitourinary System

- N40.0 <u>Enlarged prostate</u> without lower urinary tract symptoms

- N40.0 <u>Benign prostatic hyperplasia</u> without lower urinary tract symptoms

- N40.1 <u>Enlarged prostate</u> with lower urinary tract symptoms

- N40.1 <u>Benign prostatic hyperplasia</u> with lower urinary tract symptoms

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# 2017 Code Changes
## Signs and Symptoms

79 new codes

20 more specific glasgow coma scale codes

42 are new NIHSS levels for a stroke

| Core | Stroke Severity |
|------|-----------------|
| 0 | No Stroke Symptoms |
| 1-4 | Minor Stroke |
| 5-15 | Moderate Stroke |
| 16-20 | Moderate to Severe Stroke |
| 21-42 | Severe Stroke |

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# Scale Performance

- Level of consciousness
- Horizontal eye movement
- Visual field test
- Facial palsy
- Motor arm
- Motor leg
- Limb ataxia
- Sensory Language
- Speech
- Extinction and inattention

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# Guideline
# NIHSS Codes

- The code assignment may be based on medical record documentation from clinicians who are not the patient's provider since this information is typically documented by other clinicians involved in the care of the patient. However, the associated diagnosis such as *acute stroke* must be documented by the patient's provider

# Example

- Patient admitted with memory problems, visuospatial deficits, and aphasia due to a CVA suffered 2 weeks ago. The patient also has HTN and the focus of care is the memory deficit. Documentation states the patient has an NIHSS score of 18.

# Answer

- M1021: I69.311 Memory deficit following cerebral infarction
- M1023: I69.312 Visuospatial deficit and spatial neglect following cerebral infarction
- M1023: I69.320 Aphasia following cerebral infarction
- R29.718 NIHSS score 18
- M1023: I10 Hypertension

# Pressure Ulcers

- If a patient is admitted with a pressure ulcer at one stage and it progresses to a higher stage, two separate codes should be assigned: one code for the site and stage of the ulcer on admission and a second code for the same ulcer site and the highest stage reported during the stay

- *Note: Clarification from the coding clinic has been submitted*

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# Example

- Patient admitted with a stage 3 pressure ulcer on her coccyx.
- M1021: L89.153 Pressure ulcer of sacral region stage 3

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# Example

- At recert, the coccyx pressure ulcer had progressed to a stage 4
- M1021: L89.154 Pressure ulcer of sacral region stage 4
- M1023: L89.153 Pressure ulcer of sacral region stage 3

- *Note: Coding clinic has been queried for clarification*

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# Pressure Ulcers

- No code is assigned if the documentation states that the pressure ulcer is completely healed

- *Note: Clarification from the coding clinic has been submitted*

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# Big Difference

- Closed stage 3 and stage 4 pressure ulcers will no longer provide points.
  - Not the code, but how you answer the OASIS items.
- Closed stage 3 and stage 4 pressure ulcers do require skilled intervention.
  - Assessment
  - Prevention

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# Big Difference

**OASIS C1**

- Pressure ulcer with a skin graft is a pressure ulcer.
- Stage 3 and 4 closed ulcers are still counted.

**OASIS C2**

- Pressure ulcer with a skin graft is **NOT** a pressure ulcer.
- Stage 3 and 4 closed ulcers are **NOT** counted.

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# Big Difference

**OASIS C2**

- Skin or muscle graft—no longer a pressure ulcer; mark as surgical wound

**Coding**

- Code as unstageable pressure ulcer

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# 2017 Code Changes
# Signs and Symptoms

- R73.03 Prediabetes

- R82.71 Bacteriuria

- R82.79 Other abnormal findings on microbiological examination of urine

- R97.20 Elevated prostate specific antigen [PSA]

- R97.21 Rising PSA following treatment for malignant neoplasm of prostate

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# 2017 Code Changes
# Injury Poisoning

- 885 new codes

- Majority were more specificity in fracture codes

- More specificity in concussion codes (loss of consciousness)

- 3 new stenosis of coronary artery stent

- 3 new stenosis of peripheral vascular stent

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# Urinary Device Complications

- Breakdown

- Displacement

- Leakage

- Infection and inflammatory reaction

- Other mechanical complication

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# Urinary Device Complications

- T83.011D Breakdown (mechanical) of indwelling urethral catheter, subsequent encounter

- T83.012D Breakdown (mechanical) of <u>nephrostomy</u> catheter, subsequent encounter

- 7th character options (A, D, S)

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# 2017 Code Changes
# External Causes of Morbidity

- V47.1XXD Car passenger injured in collision with fixed or stationary object in non-traffic accident, subsequent encounter

- W26.2XXD Contact with edge of stiff paper, subsequent encounter

- Y93.85 Activity, choking game

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# Poisoning

- If the intent of the poisoning is unknown or unspecified, code the intent as accidental intent

- The undetermined intent is only for use if the documentation in the record specifies that the intent cannot be determined

# Poisoning Example

- Patient has taken his Lasix 40mg every morning and night. The prescription bottle reads 40mg daily. Patient is dehydrated and hypokalemic. The intent of the poisoning is unknown.

  - M1021: T50.1x1D poisoning by diuretics

  - M1023: E86.0 dehydration

  - M1023: E87.6 hypokalemia

# 2017 Code Changes
# Factors Influencing Health Status

- Z79.84 Long term (current) use of oral hypoglycemic drugs

# Example

- Type II insulin dependent diabetic admitted for management of new meds due to exacerbation of macular edema due to mild nonproliferatbvie diabetic retinopathy of the right eye. Patient is on oral hypoglycemics
- E11.3211 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
- M1023: Z79.84 Long term (current) use of oral hypoglycemic drugs

# Example

- Patient admitted for surgical aftercare with right hip joint replacement due to generalized osteoarthritis

- M1021: Z47.1 Aftercare following joint replacement surgery

- M1023: Z96.641 Presence of right artificial hip joint

- M1023: M15.0 Generalized osteoarthritis

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# Example

- Patient admitted for surgical aftercare with right hip joint replacement due to fractured right hip. The documentation states the head of the femur sustained a closed fracture. Patient has a stage I pressure ulcer on the left heel. Therapy and nursing will be seeing the patient.

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# Answer

- M1021: S72.051D Fracture of head of right femur, subsequent encounter for closed fracture with routine healing

- M1023: Z96.641 Presence of right artificial hip joint

- M1023: L89.621 Pressure ulcer of left heel

# What Questions Do You Have?

# Contact Information

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