

Quick Reference Guide to FY2018 Alphabetic Index, Tabular & Guidelines Updates

Use this quick reference guide, compiled by Megan Batty, HCS-D, executive editor of *Diagnosis Coding Pro for Home Health* newsletter, to familiarize yourself with the major alphabetic index, tabular and guidelines changes in FY2018.

Diagnosis and/or Topic	Alphabetic Index, Tabular & Guidelines Updates
<p>COPD diagnoses (COPD, emphysema, chronic obstructive bronchitis, chronic obstructive asthma)</p>	<ul style="list-style-type: none"> • Index update: The index now sends coders to J43.9 when searching “disease, lung, obstructive (chronic), with, emphysema.” This means the coder should use J43.9 (Emphysema, unspecified) for a patient whose diagnosis is documented as emphysema with the generic term COPD. But for a patient whose diagnosis is emphysema along with other specific components of COPD, such as chronic obstructive bronchitis or chronic obstructive asthma, the correct code would be from J44. (Other chronic obstructive pulmonary disease). • Tabular update: Tabular instruction at J44.0 (Chronic obstructive pulmonary disease with acute lower respiratory infection) changes from “use additional code” to “code also.”
<p>Anemia and chronic kidney disease, as an example of the updated “in” convention</p>	<ul style="list-style-type: none"> • Guidelines update: You can assume a connection between anemia and chronic kidney disease (CKD) even in the absence of provider documentation, due to CKD being a subterm under the term “in (due to)(with)” in the alphabetic index listing for anemia. • The updated guideline reads “[t]he word “with” or “in” 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 classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List.” [I.A.15] • An exception to this convention occurs when a guideline specifically requires that the physician document a link between two conditions. In these cases, the code-specific guideline will take precedence

	<p>over the convention. For example, the guideline that says a code from R65.2- (Severe sepsis) should not be assigned unless severe sepsis or acute organ dysfunction is documented would take precedence over the fact that acute organ dysfunction is listed under “with” in the alphabetic index listing for “sepsis.” <i>[I.C.1.d.1.a]</i></p>
Diabetes	<ul style="list-style-type: none"> • Index update: Osteomyelitis was added as a subterm under “with” in the alphabetic index type 1 and type 2 diabetes • Note: <i>Coding Clinic guidance from Q4 2016 that says osteomyelitis should be assumed to be connected to all five types of diabetes in the absence of another stated etiology</i> • Guidelines update: Assign only Z79.4 (Long-term (current) use of insulin) for a diabetic patient who uses both insulin and oral hypoglycemic drugs; Z79.84 (Long-term (current) use of oral hypoglycemic drugs) is not required in addition. <i>[I.C.4.a.3]</i>
Non-pressure chronic ulcers	<ul style="list-style-type: none"> • Tabular update: 72 new codes in the L97.- (Non-pressure chronic ulcer of lower limb, not elsewhere classified) and L98.- categories (Other disorders of skin and subcutaneous tissue, not elsewhere classified) allow for the capture of the severity of non-pressure chronic ulcers that have penetrated muscle and bone tissue but haven’t caused necrosis. • Guidelines update: New guidelines that are similar to current guidelines for pressure ulcers were added. For example, do not code a non-pressure ulcer that is documented as healed, but one documented as “healing” should be coded. <i>[I.12.b.1,2]</i>
Blindness/Low vision	<ul style="list-style-type: none"> • Guidelines update: Use codes H54.3 (Unqualified visual loss, both eyes), H54.6 (Unqualified visual loss, one eye) and H54.7 (Unspecified visual loss) for a patient diagnosed with blindness or low vision in one or both eyes but whose visual impairment category is not specified. <i>[I.C.7.b]</i>

<p>Aftercare</p>	<ul style="list-style-type: none"> • Tabular update: An Excludes 1 note was added to the Z48.- category that provides the following instruction: “Encounter for aftercare following injury - code to Injury, by site, with appropriate 7th character for subsequent encounter.”
<p>Heart attacks</p>	<ul style="list-style-type: none"> • Index update: I21.9 (Acute myocardial infarction, unspecified) is the new default code for a heart attack when no further information is known. • Tabular update: New subcategory added, I21.A- (Other type of myocardial infarction). Three new codes (I21.9, Acute myocardial infarction, unspecified; I21.A1, Myocardial infarction type 2; I21.A9, Other myocardial infarction type) added. • Guidelines updates: • Codes from between I21.0- (ST elevation (STEMI) myocardial infarction of anterior wall) – I21.2- (ST elevation (STEMI) myocardial infarction of other sites), as well as I21.3 (ST elevation (STEMI) myocardial infarction of unspecified site), are for Type 1 STEMI heart attacks. Code I21.4 (Non-ST elevation (NSTEMI) myocardial infarction) captures a Type 1 NSTEMI heart attack and nontransmural heart attack. <i>[I.C.9.e.1]</i> • If a patient has a Type 1 NSTEMI and it evolves into a STEMI, code it as a STEMI. If a Type 1 STEMI converts to a NSTEMI due to thrombolytic therapy, code it as a STEMI. <i>[I.C.9.e.1]</i> • Code I21.3 for a heart attack documented as a Type 1 STEMI or a transmural heart attack of unspecified site. <i>[I.C.9.e.2]</i> • Codes between I21.1- (ST elevation (STEMI) myocardial infarction of inferior wall) and I21.4 are only for type 1 heart attacks. <i>[I.C.9.e.5]</i> • Code I21.A1 (Myocardial infarction type 2) along with a second code for the underlying cause of the demand ischemia or ischemic imbalance for a type 2 heart attack. Sequence the two codes according to the focus of care. Use I21.A1 whether the Type 2 heart attack is described as STEMI or NSTEMI. Do not use I24.8 (Other forms of acute ischemic heart

	<p>disease) to capture demand ischemia in these scenarios. <i>[I.C.9.e.5]</i></p> <ul style="list-style-type: none"> • Use I21.A9 (Other myocardial infarction type) for type 3, 4a, 4b, 4c and 5 heart attacks. Follow tabular instruction contained in "code also" and "code first" notes for associated complications, and for postprocedural myocardial infarctions during or following cardiac surgery. <i>[I.C.9.e.5]</i> • Codes in the I22.- category (Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction) should not be used for myocardial infarctions other than type 1 or unspecified. For subsequent type 2 heart attacks, assign only I21.A1. For subsequent type 4 or type 5 heart attacks, assign only I21.A9. <i>[I.C.9.e.4]</i>
<p>Heart failure</p>	<ul style="list-style-type: none"> • Tabular updates: Nine new codes (I50.810 through I50.89), as well as one new subcategory (I50.8, Other heart failure) and one new sub-subcategory (I50.81, Right heart failure), have been added. • Codes in the new sub-subcategory I50.81- (Right heart failure) capture forms of right heart failure. • Tabular instruction at I50.84 (End stage heart failure) says to also assign, if known, a code from between I50.2- (Systolic (congestive) heart failure) and I50.43 (Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure) for the type of heart failure, such as systolic, diastolic or combined. • Tabular instruction at I50.814 (Right heart failure due to left heart failure) instructs to "code also" the type of left ventricular failure, using a code from between I50.2- and I50.43. • Tabular instruction at the new I50.82 (Biventricular failure) instructs to code also the type of left ventricular failure, with a code from between I50.2- and I50.43.
<p>Hypertensive heart disease</p>	<ul style="list-style-type: none"> • Tabular update: Includes note expanded to include codes from I50.- (Heart failure)

Spinal surgery aftercare	<ul style="list-style-type: none"> • Index update: The aftercare code will now be Z47.89 (Encounter for other orthopedic aftercare), not Z48.89 (Encounter for other specified surgical aftercare).
Knee osteoarthritis	<ul style="list-style-type: none"> • Index update: The default codes for osteoarthritis of the knee will now be found in the M17.1- subcategory (Unilateral primary osteoarthritis of knee). • Note: <i>This is consistent with Q4 2016 Coding Clinic guidance that osteoarthritis should be coded as primary unless the type is further specified.</i>
Sundowning	<ul style="list-style-type: none"> • Index update: The term was added to the index, leading to F05 ((Delirium due to known physiological condition)).
Coronary artery bypass graft (CABG) status	<ul style="list-style-type: none"> • Index update: The term was added to the index, leading to Z95.1 ((Presence of aortocoronary bypass graft)).
Manic depression	<ul style="list-style-type: none"> • Index update: The term was added to the index, sending the coder to F31.9 ((Bipolar disorder, unspecified)).
Pulmonary Hypertension	<ul style="list-style-type: none"> • Guidelines update: Code any other conditions or adverse effects associated with a patient’s secondary pulmonary hypertension, which codes to I27.1 (Kyphoscoliotic heart disease) or I27.2- (Other secondary pulmonary hypertension) and sequence the diagnoses based on the focus of care. <i>[I.C.9.a.10]</i>
Substance abuse	<ul style="list-style-type: none"> • Guidelines update: Capture mild substance abuse disorder in early or sustained remission as substance abuse in remission and code moderate or severe substance abuse disorder in early or sustained remission as substance dependence in remission. <i>[I.C.5.b.1]</i>
“Code also” convention	<ul style="list-style-type: none"> • Guidelines update: Codes subject to a “code also” note in the tabular instruction should be sequenced according to the focus of care. <i>[I.A.17]</i>
“Code first” guideline	<ul style="list-style-type: none"> • Guidelines update: The words “if known” were added to the guideline governing multiple coding in the presence of a “code first” note. For example, six different conditions are listed under a “code first” note at I50.- (Heart failure), which left coders confused as to whether one of those six conditions must always

	be assigned before I50.-. This clarification confirms that one of those conditions must only be coded first if known. [I.B.7]
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Sources: FY2018 Official Coding Guidelines, FY2018 Index Addenda, FY2018 Tabular Addenda