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We will begin shortly!

Prepare for ICD-10 Code Changes and New Guidelines Coming October 1, 2018

A WEBINAR PRESENTED ON SEPTEMBER 25, 2018

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Presented By



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Today's Agenda

1. The process for updating the ICD-10-CM system
2. Overview of code changes by chapter
3. Deep dive into updates to postoperative infection codes
4. Brief overview of areas of new codes and updates, including:
 - Neoplasms
 - Cerebrovascular disease
 - Myalgia
 - Urethral stricture
 - Anal & rectal abscesses, horseshoe abscess
 - Cannabis use, dependence, and withdrawal
5. Overview of key FY2019 guideline updates
6. What's missing from FY2019 code updates
7. Overview of process for requesting code changes

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Updating the ICD-10-CM Classification

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Process for Updating the ICD-10 Classification

- Four cooperating parties:
 - AHIMA (American Health Information Management Association)
 - AHA (American Hospital Association)
 - Publishes the *Coding Clinic*
 - CMS (Centers for Medicare/Medicaid Services)
 - Owns the procedure code set (ICD-10-PCS)
 - NCHS (National Center for Health Statistics)
 - Owns the diagnosis code set (ICD-10-CM)

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ICD-10 Coordination & Maintenance Committee

- Meets twice a year (March & September)
 - Meetings co-chaired by Centers for Medicare/Medicaid Services (CMS) & National Center for Health Statistics (NCHS, part of the CDC)
 - CMS/NCHS share responsibility for maintenance of the ICD-10 code set
 - CMS: Procedure codes
 - NCHS: Diagnosis codes
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ICD-10 Coordination & Maintenance Committee

- Public & private entities can request changes (new, revised codes, etc.)
 - DecisionHealth/Association for Home Care Coding & Compliance (AHCC) has submitted successful requests
 - Type 2 diabetes with ketoacidosis
 - New severity codes for non-pressure chronic ulcers
 - Meetings are covered in detail in *Diagnosis Coding Pro for Home Health* newsletter
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Code Updates

- Proposed codes are released, usually in April, in the hospital inpatient prospective payment system (IPPS) proposed rule
 - April 24 this year
- Final codes, along with tabular and index addenda, are released later, usually in June
 - June 11 this year

FY2019 Code Changes

Overview of FY2019 Final Changes

- Released June 11
 - 615 total changes
 - 279 new codes
 - Example: M79.11 (Myalgia of mastication muscle)
 - 285 code revisions
 - Example: M50.11 (Cervical disc disorder with radiculopathy, high cervical region)
 - 51 code deletions
 - Example: T81.4xxA (Infection following a procedure, initial encounter)
 - 285 codes underwent revision in the tabular
 - Includes changes to code descriptions as well as tabular instructions

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Overview of FY2019 Changes: By Chapter

- Most new codes fall within Chapter 19 (Injury, Poisoning and Certain Other Consequences of External Causes)
- Most code revisions fall within Chapter 19 (Injury, Poisoning and Certain Other Consequences of External Causes)
- Most deleted codes will come from Chapter 2 (Neoplasms)

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Deep Dive Into T81.4- Updates

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Changes to T81.4- Subcategory

- T81.4- subcategory
 - **Title:** Infection following a procedure
 - Commonly used to capture infected surgical wounds
 - The codes in this subcategory (T81.4xxA, T81.4xxD, T81.4xxS) will be deleted, but the subcategory isn't going away
 - Expansion requires a 4th character that will add **15 new codes** for surgical wound infections
 - **Example:** T81.41xA (Infection following a procedure, superficial incisional surgical site, initial encounter)

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New Options Within T81.4-: Surgical Wound Infections

- Addition of 4th character to specify the location and depth of the infection
- New options:
 - Superficial incisional surgical site: T81.41-
 - Deep incisional surgical site: T81.42-
 - Organ and space surgical site: T81.43-
 - “Other” surgical site: T81.49-
 - Unspecified option: T81.40-
- Each will require a seventh character of “A,” “D,” or “S”

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Surgical Wound Infection Definitions

- The CDC defined surgical site infections to standardize data collection:
- New code categories created to be consistent with CDC’s criteria
 - **Superficial incisional infection**
 - Involves only skin & subcutaneous tissue
 - May be indicated by localized signs such as redness, pain, heat, or swelling at the site of the incision or by the drainage of pus
 - **Deep incisional**
 - Involves deep tissues, such as fascial and muscle layers
 - May be indicated by the presence of pus or an abscess, fever with tenderness of the wound, or separation of incision edges exposing deeper tissues
 - **Organ and space**
 - Involves any part of the anatomy in organs and spaces other than the incision, which was opened or manipulated during operation, such as the joint or the peritoneum
 - May be indicated by the drainage of pus or the formation of an abscess detected by histopathological or radiological examination or during re-operation; does not include organ infection

Sources: Medscape, NIH, ICD-10 Coordination & Maintenance Committee September 2017 proposal

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New Options Within T81.4-: Postprocedural Sepsis

- 3 additional new codes within T81.4- to uniquely capture postprocedural sepsis
 - T81.44- (Sepsis following a procedure)
 - 7th character options “A,” “D,” or “S”
- In FY2018 postprocedural sepsis is coded to the same code for an infected surgical wound, T81.4-

Uses for New Options Within T81.4-

- Superficially infected joint replacement incision
 - Documentation from an orthopedic surgeon specifies depth of the infection to make it clear that the *hardware* is not infected
 - “Joint capsule not infected”
 - “Prosthetic joint not infected”

History of Changes to T81.4- Subcategory

- FY2019 changes to T81.4- resemble other codes added to the alphabetic index in FY2017
- FY2017 alphabetic index led to T81.40 when searching under “infection, postoperative wound” and T81.48 when searching under “stitch, abscess”
 - However, these codes didn’t exist in the tabular
 - In FY2018 alphabetic index, these listings were revised to send the coder to T81.4-

History of Changes to T81.4- Subcategory

- A superficially infected surgical wound is less likely to be due to the surgeon’s technique
- MDs wanted a way to show a distinction between a surgical wound infection that is
 - *related to the surgical procedure* and
 - a superficial wound *infection due to dressing changes made in an unclean environment*, for example

Tabular & Index Updates

- 5 inclusion terms deleted from T81.4- subcategory
 - Intra-abdominal abscess following a procedure
 - Postprocedural infection, not elsewhere classified
 - Sepsis following a procedure
 - Stitch abscess following a procedure
 - Subphrenic abscess following a procedure
- 3 codes moved from Excludes 1 to Excludes 2 at T81.4-
 - Obstetric surgical wound infection (O86.0-)
 - Postprocedural fever NOS (R50.82)
 - Postprocedural retroperitoneal abscess (K68.11)

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Tabular & Index Updates

- Inclusion terms added to new T81.4- codes
- **T81.41-** (Infection following a procedure, superficial incisional surgical site)
 - “Subcutaneous abscess following a procedure”
 - “Stitch abscess following a procedure”
- **T81.42-** (Infection following a procedure, deep incisional surgical site)
 - “Intra-muscular abscess following a procedure”
- **T81.43-** (Infection following a procedure, organ and space surgical site)
 - “Intra-abdominal abscess following a procedure”
 - “Subphrenic abscess following a procedure”
- **T81.44-** (Sepsis following a procedure)
 - Tabular instruction:
 - Use additional code to identify the sepsis

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Tabular & Index Updates

- Index entries added or revised:
 - “Abscess, intra-abdominal, following procedure” – T81.43-
 - “Abscess, postprocedural” – T81.49-
 - “Abscess, intramuscular, following procedure” – T81.42-
 - “Abscess, operative wound” – T81.49-
 - “Abscess, peritoneum, postoperative” – T81.49-
 - “Abscess, postoperative (any site) (see also Infection, postoperative wound)” – T81.49-
 - “Abscess, stitch” – T81.41-
 - “Abscess, subcutaneous, following procedure” – T81.41-
 - “Abscess, subphrenic, postoperative” – T81.43-
 - “Abscess, wound” – T81.49-
 - “Cellulitis, drainage site” – T81.49-

Tabular & Index Updates

- “Complications, surgical procedure, stitch abscess” – T81.41-
- “Complications, surgical procedure, wound infection” – T81.49-
- “Fever, postoperative, due to infection” – T81.40-
- “Infection, due to or resulting from, surgery” – T81.40-
- “Infection, operation wound” – T81.49-
- “Infection, postoperative” – T81.40-
- “Infection, postoperative wound” – T81.49-

Tabular & Index Updates

- “Infection, postoperative wound, surgical site, deep incisional” – T81.42-
- “Infection, postoperative wound, surgical site, organ and space” – T81.43-
- “Infection, postoperative wound, surgical site, specified NEC” – T81.49-
- “Infection, postoperative wound, surgical site, superficial incisional” – T81.41-
- “Infection, postprocedural” – T81.40-
- “Sepsis, localized, in operation wound” – T81.49-
- “Sepsis, postprocedural” – T81.44-
- “Stitch, abscess” – T81.41-

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Coding Tips: Take Note!

- Code T81.49- (Infection following a procedure, other surgical site) for an infected surgical wound in which there is no further detail
- Do not assign T81.40- (Infection following a procedure, unspecified) for this diagnosis

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Coding Tips: Take Note!

- Capture wounds documented as post-procedural abscesses, operative wound abscesses, and postoperative abscesses with T81.49-, not T81.40-

Coding Tips: Take Note!

- T81.40- communicates the presence of a post-operative infection but does not indicate where the infection is, such as in a wound
- This code is not eligible for case-mix or non-routine supply points, while the rest of the codes in the T81.4- subcategory are

FY2019 Guideline Updates – Surgical Wound Infections

- Changes affect post-procedural sepsis & septic shock
- **Postprocedural sepsis:** First use a code from between T81.40- to T81.43- to identify the site of the infection, then assign the code for postprocedural sepsis (T81.44-)
 - Use an additional code for the infecting organism
 - If severe sepsis is present, assign an additional code from R65.2- along with code(s) for associated organ dysfunction *[I.c.1.d.5.b]*

FY2019 Guideline Updates – Surgical Wound Infections

- **Postprocedural septic shock:** Follow the guidelines for coding postprocedural sepsis but follow with a code from T81.12- plus additional codes for any acute organ dysfunction. Do not use R65.21. *[I.c.1.d.5.c]*

FY2019 Scenario

- An 80-year-old man comes to home health for treatment with IV antibiotics for an infected surgical wound. The patient previously had surgery to remove a leiomyoma in his bowel, which is now resolved. The infection in his surgical wound is documented as affecting the organ/space surgical site with identified organisms of MRSA and E. coli. He will receive IV vancomycin for six weeks as well as wound care. Comorbidities include hypertension and diabetes.

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FY2019 Scenario – Answer

- **M1021a:** T81.43xA (Infection following procedure, organ and space surgical site, initial encounter)
- **M1023b:** B96.20 (Unspecified Escherichia coli [E. coli] as the cause of diseases classified elsewhere)
- **M1023c:** B95.62 (Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere)
- **M1023d:** I10 (Essential (primary) hypertension)
- **M1023e:** E11.9 (Type 2 diabetes mellitus without complications)
- **M1023f:** Z45.2 (Encounter for adjustment and management of vascular access device)
- **Additional diagnoses:** Z79.2 (Long term (current) use of antibiotics)

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New Neoplasm Codes

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New Neoplasm Codes

- Presented at the March 2017 Coordination & Maintenance Committee Meeting by the American Academy of Ophthalmology
- According to the proposal:
 - The eyelid is one of the most common places for non-melanoma skin cancer to develop
 - For cancer, it's more important to describe the eyelid (upper or lower) involved, not just the laterality

Source: ICD-10 Coordination & Maintenance Committee March 2017 proposal

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New Neoplasm Codes

- 45 new, 20 deleted codes in Chapter 2 (Neoplasms)
- Includes:
 - Skin cancers (melanoma, basal cell, squamous cell, sebaceous cell, Merkel cell carcinoma, & unspecified, as well as in situ cancers) affecting the upper and lower eyelid
 - Currently only differentiates by left and right
 - Melanocytic nevi and other benign neoplasms affecting the upper & lower eyelid
 - Currently only differentiates by left and right

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Types of Skin Cancer & Benign Skin Neoplasms

- Melanoma – begins in melanocyte cells; the least common but most serious type of skin cancer
- Basal cell carcinoma – abnormal, uncontrolled growths or lesions in the skin's basal cells, the deepest layer of the epidermis
- Squamous cell carcinoma – uncontrolled growth in the skin's squamous cells, skin's outermost layers; second-most common skin cancer
- Sebaceous cell carcinoma – rare skin cancer that mostly begins on the eyelid
- Merkel cell carcinoma – rare type of skin cancer that usually appears as a flesh-colored or bluish-red nodule, often on your face, head, or neck
- Melanocytic nevi – moles made up of skin cells that produce melanin
- Other benign skin neoplasms – other non-cancerous skin lesions

Sources: American Cancer Society, Skin Cancer Foundation, American Academy of Dermatology, Mayo Clinic

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New Neoplasm Codes: Examples

Current codes

- C43.11 (Malignant melanoma of right eyelid, including canthus)
- C43.12 (Malignant melanoma of left eyelid, including canthus)

New codes

- C43.111 (Malignant melanoma of right upper eyelid, including canthus)
- C43.112 (Malignant melanoma of right lower eyelid, including canthus)
- C43.121 (Malignant melanoma of left upper eyelid, including canthus)
- C43.122 (Malignant melanoma of left lower eyelid, including canthus)
- *Note: C43.11 & C43.12 will both be invalid codes in FY2019*
 - *You'll need to know whether the melanoma is affecting the upper or lower eyelid!*

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FY2019 Guideline Updates – Neoplasms

- Assign a code from Z85.- (Personal history of malignant neoplasm) when a patient's primary malignancy has been previously excised or eradicated, no treatment is directed at that site, and there's no evidence of a primary malignancy **at that site** [I.C.2.d]

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FY2019 Guideline Updates – Neoplasms

- Only assign codes between Z85.0- (Personal history of malignant neoplasm of digestive organs) and Z85.7- (Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues) to describe a patient with history of a **primary** site malignancy, not a secondary malignancy [I.C.2.m]

FY2019 Guideline Updates – Neoplasms

- Use codes in the Z85.8- subcategory (Personal history of malignant neoplasms of other organs and systems) to capture the site of a patient's former **primary or secondary malignancy** [I.C.2.m]

New Cerebrovascular Disease Codes

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Cerebrovascular Disease Code Changes

- New codes in a new subcategory:
 - I63.81 (Other cerebral infarction due to occlusion or stenosis of small artery)
 - Also known as lacunar strokes
 - I63.89 (Other cerebral infarction)
- New subcategory for inherited cerebrovascular disease
 - I67.850 (Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy)
 - CADASIL
 - I67.858 (Other hereditary cerebrovascular disease)
- Deleted code:
 - I63.8 (Other cerebral infarction)
 - Subcategory is being expanded

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Cerebrovascular Disease Code Changes

- Revised codes (appear to be minor title changes/corrections):
 - I63.219 (Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral **artery**)
 - I63.239 (Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid **artery**)
 - Current code titles read “arteries” instead of “artery”
 - I63.333 (Cerebral infarction **due** to thrombosis of bilateral posterior cerebral arteries)
 - I63.343 (Cerebral infarction **due** to thrombosis of bilateral cerebellar arteries)
 - “Due” is missing from current code titles

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CADASIL: The Coordination & Maintenance Committee Proposal

- Proposed at the March 2017 meeting by the patient advocacy organization Cure CADASIL Association
- According to the proposal:
- What is CADASIL?
 - Inherited disorder that causes strokes, brain lesions, and other impairments
 - Frequently begins with migraines & mood disorders in 20s & 30s, followed by strokes in 40s & 50s
 - Epilepsy can occur
 - Multiple strokes generally leads to vascular dementia
 - Death 10 to 20 years after strokes & dementia begin

Source: ICD-10 Coordination & Maintenance Committee March 2017 proposal

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Tabular & Index Updates

- Tabular updates:
 - I63.81 (Other cerebral infarction due to occlusion or stenosis of small artery)
 - **Inclusion term:** Lacunar infarction
 - I67.850 (Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy)
 - **Inclusion term:** CADASIL
 - **Tabular instruction:** Code also any associated diagnoses, such as:
 - Epilepsy (G40.-)
 - Stroke (I63.-)
 - Vascular dementia (F01.-)

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Tabular & Index Updates

- Index updates:
 - “Infarct, cerebral, due to, occlusion NEC, small artery” – I63.81
 - “Infarct, cerebral, due to, stenosis NEC, small artery” – I63.81
 - “Infarct, cerebral, specified NEC” – I63.89
 - “Infarct, lacunar” – I63.81
 - “Syndrome, superior, cerebellar artery” – I63.89
 - “Arteriopathy, cerebral autosomal dominant, with subcortical infarcts and leukoencephalopathy (CADASIL)” – I67.850
 - “CADASIL (cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy)” – I67.850
 - “Disease, cerebrovascular, hereditary NEC” – I67.858

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Myalgia

Myalgia: The Original Proposal

- Requested at the September 2017 Coordination & Maintenance Committee meeting by the American Association of Oral and Maxillofacial Surgeons
- According to the proposal:
 - Most common complaint of patients who report with temporomandibular dysfunction is myalgia of mastication & auxiliary muscles
 - Specific codes for areas of pain help determine treatment sequence
- Original proposal called for 2 new subcategories & 30 new codes that go out to 7 characters & allow for great detail

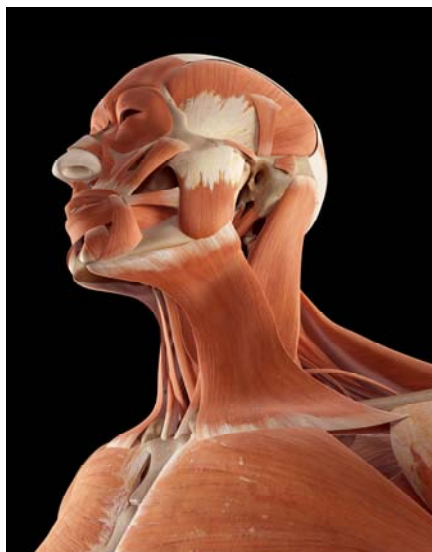
Myalgia FY2019 Code Changes

- 4 new codes, 1 deleted code
- Current code: M79.1 (Myalgia) to be deleted
- M79.1 subcategory to expand:
 - M79.10 (Myalgia, unspecified site)
 - M79.11 (Myalgia of mastication muscle)
 - M79.12 (Myalgia of auxiliary muscles, head and neck)
 - M79.18 (Myalgia, other site)

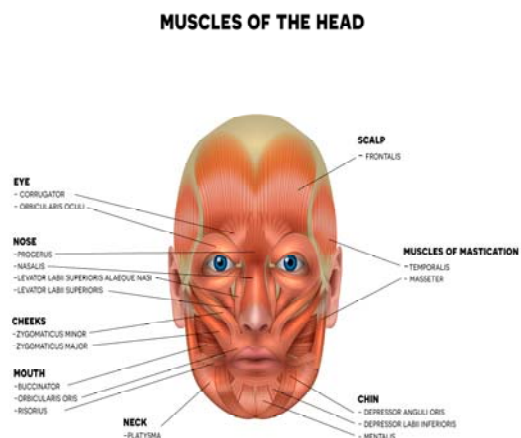
Source: Healthline

Myalgia

Head & Neck Muscles



Mastication Muscles



Tabular & Index Updates

- No inclusion terms or unique tabular instructions on the new M79.1- myalgia codes
- Index updates:
 - “Myalgia” – M79.10
 - “Myalgia, auxiliary muscles, head and neck” – M79.12
 - “Myalgia, mastication muscle” – M79.11
 - “Myalgia, site specified NEC” – M79.18
 - “Pain, musculoskeletal (see also Pain, by site)” – M79.18
 - “Pain, myofascial” – M79.18
 - “Sore, muscle” – M79.10
 - “Syndrome, myofascial pain” – M79.18

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FY2019 Scenario

- A 69-year-old woman comes to home health with a new diagnosis of diabetes with retinopathy. She'll receive teaching and medication management for new treatments including insulin and oral hypoglycemic drugs. Orders also include physical therapy to address myofascial pain syndrome.

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FY2019 Scenario – Answer

- **M1021a:** E11.319 (Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema)
- **M1023b:** M79.18 (Myalgia, other site)
- **M1023c:** Z79.4 (Long term (current) use of insulin)

Urethral Stricture

What Is Urethral Stricture?

- Scarring that narrows the passageway where urine flows out of the body
- Can lead to inflammation and infection in the urinary tract
- Various causes include:
 - A medical procedure involving insertion of a device into the urethra
 - Intermittent or long-term use of catheter
 - Trauma to urethra or pelvis
 - Enlarged prostate
 - Cancer of the urethra or prostate
 - STDs
 - Radiation

Source: Mayo Clinic

Urethral Stricture Code Proposal

- Presented March 2017 by the American Urological Association
- According to the proposal:
 - The etiology (post-traumatic, post-infective, etc.) of a patient's urethral stricture is often unknown or unspecified
 - Current codes don't allow for the specification of the location of the stricture if the etiology isn't known
 - Nor do current codes allow for the capture of strictures involving overlapping sites

Source: ICD-10 Coordination & Maintenance Committee March 2017 proposal

Changes to Codes for Urethral Stricture

- Category N35.- captures urethral stricture
- Current codes N35.8 (Other urethral stricture) and N35.9 (Urethral stricture, unspecified) will be deleted
- 17 new codes, 16 of them in the N35.- category
 - 17th new code in the N99.- category (Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified)
- Will no longer be able to code other or unspecified urethral stricture that isn't specified as male or female

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Changes to Codes for Urethral Stricture

- 2 of the new codes for stricture of overlapping sites for post-traumatic and post-infective stricture in men
 - N35.016 (Post-traumatic urethral stricture, male, overlapping sites)
 - N36.116 (Post-infective urethral stricture, not elsewhere classified, male, overlapping sites)
- N35.8 (other) category expands into 7 separate codes
 - 6 capture male urethral stricture that isn't post-traumatic or post-infective
 - Separated by site (meatal, bulbous, membranous, anterior, overlapping sites, unspecified)
 - 1 code for female urethral stricture (described as "other")

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Changes to Codes for Urethral Stricture

- N35.9 (unspecified) category expands into 7 separate codes
 - 6 capture unspecified male urethral stricture
 - Separated by site (meatal, bulbous, membranous, anterior, overlapping sites, unspecified)
 - 1 code for female urethral stricture (described as “unspecified”)
- N99.116 captures Post-procedural urethral stricture, male, overlapping sites

Tabular & Index Changes

- Inclusion terms added to new code N35.919 (Unspecified urethral stricture, male, unspecified site)
 - Pinhole meatus NOS
 - Urethral stricture NOS

Tabular & Index Changes

- Index updates
 - “Pinhole meatus (see also Stricture, urethra)” – N35.919
 - “Spasm, urethra (sphincter)” – N35.919
 - “Stricture, urethra (organic) (spasmodic) (see also Stricture, urethra, male)” – N35.919
 - “Stricture, urethra, female” – N35.92
 - “Stricture, urethra, male” – N35.919
 - “Stricture, urethra, male, anterior urethra” – N35.914
 - “Stricture, urethra, male, bulbous urethra” – N35.912
 - “Stricture, urethra, male, meatal” – N35.911
 - “Stricture, urethra, male, membranous urethra” – N35.913

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Tabular & Index Changes

- Index updates, continued
 - “Stricture, urethra, male, overlapping sites” – N35.916
 - “Stricture, urethra, post-infective, male, overlapping sites” – N35.116
 - “Stricture, urethra, post-procedural, male, overlapping sites” – N99.116
 - “Stricture, urethra, post-traumatic, male, overlapping sites” – N35.016
 - “Stricture, urethra, specified cause NEC, female” – N35.82
 - “Stricture, urethra, specified cause NEC, male” – N35.819
 - “Stricture, urethra, specified cause NEC, male, anterior urethra” – N35.814
 - “Stricture, urethra, specified cause NEC, male, bulbous urethra” – N35.812
 - “Stricture, urethra, specified cause NEC, male, meatal” – N35.811
 - “Stricture, urethra, specified cause NEC, male, membranous urethra” – N35.813
 - “Stricture, urethra, specified cause NEC, male, overlapping sites” – N35.816
 - “Tight, urethral sphincter” – N35.919

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FY2019 Scenario

- A 75-year-old man comes to home health with a primary diagnosis of a urethral stricture affecting the membranous and bulbous areas. He requires Foley care and teaching. There is no documented cause stated for the urethral stricture in the medical record. He also has diabetic PVD and hypertension. He takes oral hypoglycemic medication for his diabetes.

FY2019 Scenario – Answer

- **M1021a:** N35.916 (Unspecified urethral stricture, male, overlapping sites)
- **M1023b:** Z46.6 (Encounter for fitting and adjustment of urinary device)
- **M1023c:** E11.51 (Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene)
- **M1023d:** I10 (Essential (primary) hypertension)
- **M1023e:** Z79.84 (Long term (current) use of oral hypoglycemic drugs)

Anal & Rectal Abscesses

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Anal & Rectal Abscesses

- An anal or rectal abscess is an infected cavity filled with pus found near the anus or rectum
- According to the Coordination & Maintenance Committee Proposal:
- Most experts categorize these abscesses by their anatomic location:
 - **Perianal**
 - Superficially located adjacent to the anus
 - **Ischiorectal**
 - Located deep to the superficial subcutaneous fascia in the perirectal region
 - **Intersphincteric**
 - Occur between the external and internal sphincter muscles
 - **Supralevator**
 - Located deep to the levator muscle in the true pelvis

Sources: American Society of Colon & Rectal Surgeons & ICD-10 Coordination & Maintenance Committee Sept. 2017 proposal

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Anal & Rectal Abscesses: The Proposal

- Proposal for new codes first presented to the Coordination & Maintenance Committee in September 2015
 - Presented again in March 2016 & September 2017
- “The anatomic details determine appropriate treatment and accurate prognostication,” according to the proposal
- Current codes to the K61.- category (Abscess of anal and rectal regions)
 - K61.0 Anal abscess
 - K61.1 Rectal abscess
 - K61.2 Anorectal abscess
 - K61.3 Ischiorectal abscess
 - K61.4 Intrasphincteric abscess

Source: ICD-10 Coordination & Maintenance Committee Sept. 2017 proposal

New Anal & Rectal Abscess Codes

- 3 total new codes, 1 deleted code
- K61.3 (Ischiorectal abscess) will be deleted
- Will expand into a subcategory with two new codes
 - K61.31 (Horseshoe abscess)
 - K61.39 (Other ischiorectal abscess)
- New code K61.5 (Supralelevator abscess)

What Is a Horseshoe Abscess?

- A horseshoe abscess is one that spreads partially circumferentially around the anus or the rectum
- Symptoms:
 - Anorectal pain
 - Swelling
 - Perianal cellulitis
 - Fever

Source: American Society of Colon & Rectal Surgeons

Tabular & Index Updates

- K61.0 (Anal abscess)
 - Intraspincteric abscess (K61.4) moved from Excludes 1 to Excludes 2
- K61.1 (Rectal abscess)
 - Excludes 1 updated to ischiorectal abscess (K61.39)
- K61.3- (Ischiorectal abscess)
 - Inclusion term “Abscess of ischiorectal fossa” deleted
- K61.39 (Other ischiorectal abscess)
 - Inclusion terms added:
 - Abscess of ischiorectal fossa
 - Ischiorectal abscess, NOS
- K61.4 (Intraspincteric abscess)
 - Inclusion term added:
 - Interspincteric abscess

Tabular & Index Updates

- Index entries added or revised:
 - “Abscess, horseshoe” leads to K61.31
 - “Abscess, ischiorectal (fossa) (specified NEC)” revised to K61.39
 - “Abscess, intersphincteric” leads to K61.4
 - “Abscess, supralelevator” leads to K61.5
 - “Fistula (cutaneous), ischiorectal (fossa)” revised to K61.39

FY2019 Scenario

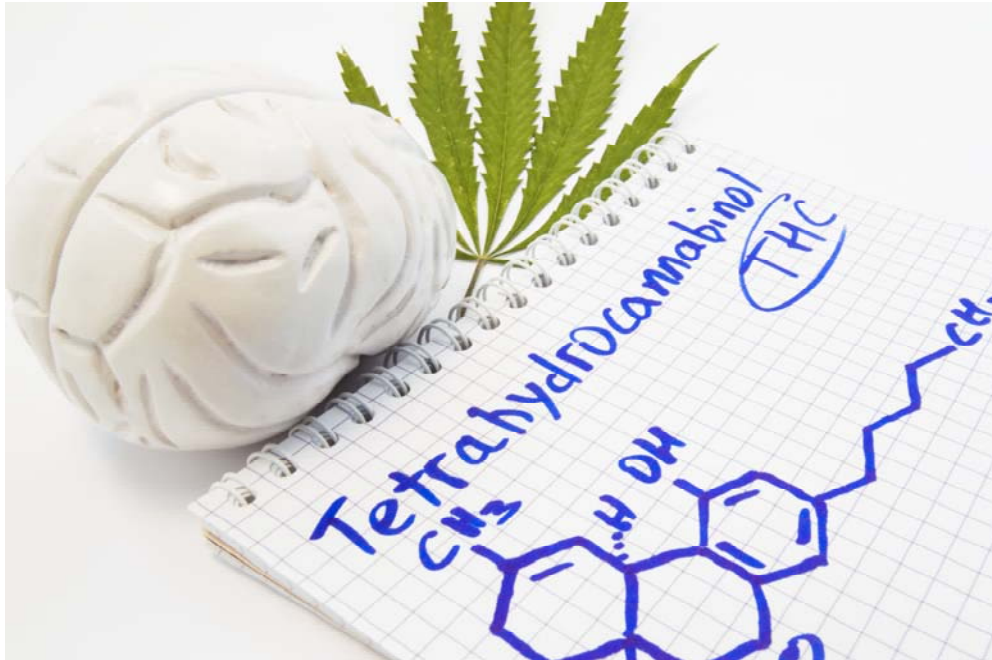
- A 67-year-old woman was recently treated with an I&D procedure for a horseshoe abscess in her ischiorectal region. She is admitted to home health for wound care. She also has hypertension.

FY2019 Scenario – Answer

- **M1021a:** K61.31 (Horseshoe abscess)
- **M1023b:** I10 (Essential (primary) hypertension)

Cannabis Use, Dependence, & Withdrawal

Cannabis Use, Dependence, & Withdrawal



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Cannabis Use, Dependence, & Withdrawal

- According to the Coordination & Maintenance Committee Proposal, cannabis withdrawal is:
 - Distinct from withdrawal related to other substances
 - Not a recognized clinically significant syndrome when Chapter 5 of the ICD-10 code set was being developed in the 1990s
 - Recent research supports recognition of cannabis withdrawal; added to the DSM-5
 - Common among those with cannabis dependence
 - Those with cannabis dependence make up a substantial percentage of treatment admission for substance use disorders
 - Symptoms (develop within a week of ceasing heavy, prolonged cannabis use) include
 - Irritability, anger, or aggression
 - Nervousness or anxiety
 - Sleep difficulty
 - Decreased appetite or weight loss
 - Restlessness
 - Depressed mood
 - Physical symptoms such as abdominal pain, shakiness/tremors, sweating, fever, chills, or headache

Source: ICD-10 Coordination & Maintenance Committee Sept. 2017 proposal

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Cannabis Use, Dependence, & Withdrawal

- Request for new codes from the American Psychiatric Association presented at the September 2017 ICD-10 Coordination & Maintenance Committee meeting
- According to the proposal:
 - Already have ICD-10 codes for withdrawal syndromes related to other substances such as alcohol, cocaine, and nicotine
 - 2 new codes requested in hopes that distinct codes will increase public awareness & lead to increased treatment seeking

Source: ICD-10 Coordination & Maintenance Committee Sept. 2017 proposal

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Cannabis Use, Dependence, & Withdrawal

- 2 new codes added to 2 subcategories within F12.- (Cannabis related disorders):
 - Within F12.2- (Cannabis dependence)
 - F12.23 (Cannabis dependence with withdrawal)
 - For cases of cannabis withdrawal in the *context of dependence*
 - Within F12.9- (Cannabis use, unspecified)
 - F12.93 (Cannabis use, unspecified, with withdrawal)
 - For cases of cannabis withdrawal in contexts *other than dependence*

Source: ICD-10 Coordination & Maintenance Committee Sept. 2017 proposal

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Tabular & Index Updates

- Tabular:
 - “Cannabis withdrawal” will be removed as an inclusion term under F12.288 (Cannabis dependence with other cannabis-induced disorder)
- Index:
 - “withdrawal F12.93” added under “Use (of), cannabis, with”
 - “withdrawal state - see also Dependence, drug by type, with withdrawal, cannabis” revised to F12.23
 - “withdrawal F12.23” added under “Dependence (on) (syndrome), drug NEC, cannabis, with”

FY2019 Guideline Updates – Substance Use

- Codes in subcategories F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-, F18.9-, and F19.9- capture ***unspecified psychoactive substance use***
- Should only be used when
 - ***Documented by the physician***
 - ***Meets the definition of a reportable diagnosis***
 - Associated with ***physical, mental, or behavioral disorder*** that’s been documented by the physician [I.C.5.b.3]

Key Guideline Updates

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Hypertension & Heart Involvement

- I51.81 (Takotsubo syndrome) specifically excluded from the list of codes that can be assumed connected to hypertension
- Can't be used to prompt use of I11.- (Hypertensive heart disease) to cover both conditions
- Aligns with Q2 2018 *Coding Clinic* guidance
- Takotsubo syndrome by definition stress-related
 - Assumed connection between heart disease and hypertension cancels when another cause is given, according to *Coding Clinic [I.C.9.a.1]*

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Hypertension & Chronic Kidney Disease

- Chronic kidney disease should not be coded as hypertensive *if the physician states that it is unrelated to the hypertension [I.C.9.a.2]*

Documentation by Providers Other Than the Physician

- Section I.B.14 renamed “Documentation by Clinicians Other than the Patient’s Provider”
- Allows for use of codes between Z55 and Z65 (Persons with potential hazards related to socioeconomic and psychosocial circumstances) from clinician, rather than physician, documentation
- Aligns with Q1 2018 *Coding Clinic* guidance:
 - Z55–Z65 codes capture social information, not medical diagnoses
 - Can be assigned based on information documented by other clinicians

“With” and “In”

- The “with” and “in” conventions apply whether the word appears under a subterm or under a main term in the alphabetic index
 - **Example:** “with” appears under the main term “Diabetes” but it appears under the subterm “leg” in the alphabetic index listing for “arteriosclerosis, extremities, leg”
- “with” and “in” operate the same way in both instances [I.A.15]

Myocardial Infarctions

- Do not use I22.- codes in any circumstances other than for capturing Type 1 or unspecified MIs that occur within four weeks of a previous Type 1 or unspecified MI
 - Only use I22.- (Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction) if **both** initial and subsequent myocardial infarctions (MIs) are Type 1 or unspecified [I.C.9.e.4]

Myocardial Infarctions

- Use the appropriate codes from the I21.- category (Acute myocardial infarction) for a patient who has one MI and then another MI of a different type within four weeks
 - Do not use a code from I22.- in this scenario [I.C.9.e.4]
- Type 1 myocardial infarctions are captured by codes between I21.0 and I21.4 and I21.9 [I.C.9.e.5]

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Pulmonary Hypertension

- An exception to the rule to sequence the underlying cause of a patient's secondary pulmonary hypertension according to focus of care: if the secondary pulmonary hypertension resulted from the adverse effect of a drug
- Implies adverse effect sequencing rules apply instead
 - Pulmonary hypertension coded first, followed by the T code for the drug, regardless of the focus of care [I.C.9.a.11]

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Burns

- Code only the highest degree of a burn when a patient has burns of different degrees affecting the same anatomic site on the same side of the body
- Only use a code for burns of multiple sites when documentation doesn't specify the individual sites
[I.C.19.d.2,5]

Underdosing

- Underdosing definition expanded to include when patients stop taking physician-prescribed medication on their own initiative, versus by physician's orders
- Code Z91.14 (Patient's other noncompliance with medication regimen) was added to the list of codes that should be used to explain the reason for a patient's underdosing *[I.C.19.e.5.c]*

Factitious Disorder

- The new code F68.A (Factitious disorder imposed on another) for an elderly patient who is the victim of a falsely reported illness or injury goes only on the *perpetrator's record*
- Use codes from T74.- and T76.- for elderly patients who have been abused in this way & follow other abuse guidelines in Chapter 19 [I.C.5.c]

BMI

- The diagnosis associated with the BMI code (such as obesity) must meet the definition of a reportable diagnosis, not the BMI itself [I.C.21.c.3]

What's Missing

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What's Missing From FY2019 Update

- No new codes were added for *non-healing surgical and trauma wounds and pathological fracture of the ribs and pelvis due to osteoporosis*
 - Previously requested by the Association of Home Care Coding and Compliance (AHCC) and DecisionHealth and discussed at past Coordination and Maintenance Committee meetings
- No new codes to capture bilateral musculoskeletal conditions
 - **Example:** Currently no code for bilateral osteoarthritis of the shoulder, while there are codes for bilateral osteoarthritis of the hips and knees

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No Resolution for CAD/Hypertension Issue

- No changes to this section were included in the FY2019 update
- Similar tabular instruction also exists at the Cerebrovascular diseases (I60–I69) section
 - The note currently reads “Use additional code to identify presence of hypertension (I10–I15)”
 - FY2019 update will change it to “Use additional code to identify presence of hypertension (I10–I16)”

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How Code Changes Are Requested

- Next meeting of the ICD-10 Coordination & Maintenance Committee will be September 11–12, 2018
 - Proposal submission deadline: July 13, 2018
- A proposal should include, says the CDC:
 - Description of the code(s)/change(s) being requested
 - Rationale for why the new code/change is needed (including clinical relevancy)
 - Supporting clinical references and literature should also be submitted
- Reference previous proposals for samples
 - Can find here:
https://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm
- Submit proposals via email to nchsicd10CM@cdc.gov
- Requesters will be contacted regarding whether their proposals were approved for presentation at the meeting or not

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How Code Changes Are Made

- Public comment period after the scheduled ICD-10 Coordination & Maintenance Committee Meeting
 - For the March 2018 meeting, comments were due by May 11
- Comments should be submitted via email to nchsicd10CM@cdc.gov
- Coordination & Maintenance Committee decides what code changes will be adopted and they're released in their final form (including index and tabular addenda), usually around June
 - June 11 this year (final codes plus addenda)

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Questions & Answers



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This concludes today's program.

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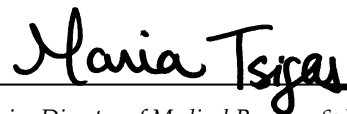
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**“Prepare for ICD-10 Code Changes and
New Guidelines Coming October 1, 2018”**

a 90-minute webinar on
September 25, 2018



Maria Tsigas, Senior Director of Medical Practice & Post-Acute Product

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