

Quick Reference Guide to FY2019 Alphabetic Index, Tabular & Guidelines Updates

Use this quick reference guide, compiled by Megan Batty, HCS-D, HCS-H, executive editor of *Diagnosis Coding Pro for Home Health* newsletter, to familiarize yourself with the major alphabetic index, tabular and guidelines changes in FY2019.

Diagnosis and/or Topic	Alphabetic Index, Tabular & Guidelines Updates
Surgical wound infections & post-procedural sepsis	<ul style="list-style-type: none"> • Tabular updates: New codes specify location & depth of the infection: <ul style="list-style-type: none"> ○ T81.40- (Infection following a procedure, unspecified) ○ T81.41- (Infection following a procedure, superficial incisional surgical site) <ul style="list-style-type: none"> ▪ Inclusion terms: <i>Subcutaneous abscess following a procedure, Stitch abscess following a procedure</i> ○ T81.42- (Infection following a procedure, deep incisional surgical site) <ul style="list-style-type: none"> ▪ Inclusion term: <i>Intra-muscular abscess following a procedure</i> ○ T81.43- (Infection following a procedure, organ and space surgical site) <ul style="list-style-type: none"> ▪ Inclusion terms: <i>Intra-abdominal abscess following a procedure, Subphrenic abscess following a procedure</i> ○ T81.44- (Sepsis following a procedure) <ul style="list-style-type: none"> ▪ Tabular instruction: <i>Use Additional code to identify the sepsis</i> ○ T81.49- (Infection following a procedure, other surgical site) • Index updates: Additions or changes: <ul style="list-style-type: none"> ○ “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-

	<ul style="list-style-type: none"> ○ “Abscess, subphrenic, postoperative” – T81.43- ○ “Abscess, wound” – T81.49- ○ “Cellulitis, drainage site” – T81.49- ○ “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- ○ “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- ● Guidelines updates: <ul style="list-style-type: none"> ○ 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. <i>[I.c.1.d.5.b]</i> ○ If severe sepsis is present, assign an additional code from R65.2- along with code(s) for associated organ dysfunction. <i>[I.c.1.d.5.b]</i> ○ 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>[I.c.1.d.5.c]</i>
Neoplasms	<ul style="list-style-type: none"> ● Tabular updates: New codes differentiate between neoplasms on upper & lower eyelids: ● 45 new, 20 deleted codes:

- Malignant melanoma of right upper & lower eyelid: C43.111 & C43.112
- Malignant melanoma of left upper & lower eyelid: C43.121 & C43.122
- Merkel cell carcinoma of right upper & lower eyelid: C4A.111 & C4A.112
- Merkel cell carcinoma of left upper & lower eyelid: C4A.121 & C4A.122
- Unspecified malignant neoplasm of skin of right upper & lower eyelid: C44.1021 & C44.1022
- Unspecified malignant neoplasm of skin of left upper & lower eyelid: C44.1091 & C44.1092
- Basal cell carcinoma of skin of right upper & lower eyelid: C44.1121 & C44.1122
- Basal cell carcinoma of skin of left upper & lower eyelid: C44.1191 & C44.1192
- Squamous cell carcinoma of skin of right upper & lower eyelid: C44.1221 & C44.1222
- Squamous cell carcinoma of skin of left upper & lower eyelid: C44.1291 & C44.1292
- Sebaceous cell carcinoma of skin of unspecified eyelid: C44.131
- Sebaceous cell carcinoma of skin of right upper & lower eyelid: C44.1321 & C44.1322
- Sebaceous cell carcinoma of skin of left upper & lower eyelid: C44.1391 & C44.1392
- Other specified malignant neoplasm of skin of right upper & lower eyelid: C44.1921 & C44.1922
- Other specified malignant neoplasm of skin of left upper & lower eyelid: C44.1991 & C44.1992
- Melanoma in situ of right upper & lower eyelid: D03.111 & D03.112
- Melanoma in situ of left upper & lower eyelid: D03.121 & D03.122
- Carcinoma in situ of skin of right upper & lower eyelid: D04.111 & D04.112
- Carcinoma in situ of skin of left upper & lower eyelid: D04.121 & D04.122
- Melanocytic nevi of right upper & lower eyelid: D22.111 & D22.112
- Melanocytic nevi of left upper & lower eyelid: D22.121 & D22.122

	<ul style="list-style-type: none"> ○ Other benign neoplasm of skin of right upper & lower eyelid: D23.111 & D23.112 ○ Other benign neoplasm of skin of left upper & lower eyelid: D23.121 & D23.122 ● Guidelines updates: <ul style="list-style-type: none"> ○ 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 <i>at that site</i>. [I.C.2.d] ○ 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 <i>primary</i> site malignancy, not a secondary malignancy. [I.C.2.m] ○ 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 <i>primary or secondary malignancy</i>. [I.C.2.m]
<p>Cerebrovascular disease</p>	<ul style="list-style-type: none"> ● Tabular updates: New codes: <ul style="list-style-type: none"> ○ I63.81 (Other cerebral infarction due to occlusion or stenosis of small artery) <ul style="list-style-type: none"> ▪ Inclusion term: <i>Lacunar infarction</i> ○ I63.89 (Other cerebral infarction) ○ I67.850 (Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy) <ul style="list-style-type: none"> ▪ Inclusion term: <i>CADASIL</i> ▪ Tabular instruction: Code also any associated diagnoses, such as: <ul style="list-style-type: none"> ● epilepsy (G40.-) ● stroke (I63.-) ● vascular dementia (F01.-) ○ I67.858 (Other hereditary cerebrovascular disease) ● Index updates: Additions or changes: <ul style="list-style-type: none"> ○ “Infarct, cerebral, due to, occlusion NEC, small artery” - I63.81 ○ “Infarct, cerebral, due to, stenosis NEC, small artery” - I63.81

	<ul style="list-style-type: none"> ○ “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
<p>Cannabis use, dependence & withdrawal</p>	<ul style="list-style-type: none"> ● Tabular update: New codes: <ul style="list-style-type: none"> ○ F12.23 (Cannabis dependence with withdrawal) ○ F12.93 (Cannabis use, unspecified with withdrawal) ● Index updates: Additions or changes: <ul style="list-style-type: none"> ○ “Dependence, drug NEC, cannabis, with, withdrawal” – F12.23 ○ “Use, cannabis, with, withdrawal” – F12.93 ○ “Withdrawal state, cannabis” – F12.23 ● Guidelines update: The codes in subcategories F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-, F18.9- and F19.9- were clarified as capturing unspecified psychoactive substance use that should only be used when documented by the physician, meets the definition of a reportable diagnosis and is associated with physical, mental or behavioral disorder that’s been documented by the physician. <i>[I.C.5.b.3]</i>
<p>Myalgia</p>	<ul style="list-style-type: none"> ● Tabular update: 4 new codes <ul style="list-style-type: none"> ○ 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) ● Index updates: Additions or changes: <ul style="list-style-type: none"> ○ “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

	<ul style="list-style-type: none"> ○ “Syndrome, myofascial pain” - M79.18
<p>Urethral stricture</p>	<ul style="list-style-type: none"> ● Tabular updates: New codes: ● 17 new codes, 16 of them in the N35.- category, 17th new code in the N99.- category ● Will not be able to code other or unspecified urethral stricture that isn’t specified as male or female ● 2 of the new codes for stricture of overlapping sites for post-traumatic and post-infective stricture in men <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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”) ● N35.9 (unspecified) category expands into 7 separate codes <ul style="list-style-type: none"> ○ 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 ● Inclusion terms added to new code N35.919 (Unspecified urethral stricture, male, unspecified site) <ul style="list-style-type: none"> ○ Pinhole meatus NOS ○ Urethral stricture NOS ● Index updates: Additions or changes: <ul style="list-style-type: none"> ○ “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

	<ul style="list-style-type: none"> ○ “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 ○ “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
<p>Anal and rectal abscesses</p>	<ul style="list-style-type: none"> ● Tabular updates: <ul style="list-style-type: none"> ○ 3 new codes (K61.31, Horseshoe abscess & K61.39, Other ischiorectal abscess, K61.5, Supralelevator abscess), 1 deleted code ○ K61.3 (Ischiorectal abscess) will be deleted, will expand into a subcategory with two new codes ○ Tabular instruction updates: <ul style="list-style-type: none"> ▪ K61.0 (Anal abscess) <ul style="list-style-type: none"> ● Intrasphincteric abscess (K61.4) moved from Excludes 1 to Excludes 2 ▪ K61.1 (Rectal abscess) <ul style="list-style-type: none"> ● Excludes 1 updated to ischiorectal abscess (K61.39) ▪ K61.3- (Ischiorectal abscess)

	<ul style="list-style-type: none"> • Inclusion term “Abscess of ischiorectal fossa” deleted ▪ K61.39 (Other ischiorectal abscess) <ul style="list-style-type: none"> • Inclusion terms added: Abscess of ischiorectal fossa, Ischiorectal abscess, NOS ▪ K61.4 (Intrasphincteric abscess) <ul style="list-style-type: none"> • Inclusion term added: Intersphincteric abscess • Index updates: Additions or changes: <ul style="list-style-type: none"> ○ “Abscess, horseshoe” leads to K61.31 ○ “Abscess, ischiorectal (fossa) (specified NEC)” revised to K61.39 ○ “Abscess, intersphincteric” leads to K61.4 ○ “Abscess, Suprlevator” leads to K61.5 ○ “Fistula (cutaneous), ischiorectal (fossa)” revised to K61.39
Hypertension & heart involvement	<ul style="list-style-type: none"> • Guidelines updates: I51.81 (Takotsubo syndrome) specifically excluded from the list of codes that can be assumed connected to hypertension in the absence of physician documentation and prompting the use of I11.- (Hypertensive heart disease) to cover both conditions • Aligns with Q2 2018 Coding Clinic guidance, which stated that a patient with Takotsubo syndrome and hypertension should be coded separately with I51.81 and I10 (Essential (primary) hypertension) • Takotsubo syndrome is by definition stress-related and the assumed connection between heart disease and hypertension is cancelled when another cause is given, making I11.9 (Hypertensive heart disease without heart failure) an inappropriate code for the scenario, according to the Coding Clinic [I.C.9.a.1]
Hypertension & chronic kidney disease	<ul style="list-style-type: none"> • Guidelines update: 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	<ul style="list-style-type: none"> • Guidelines update: New guidance was added to section I.B.14, the title of which was changed to “Documentation by Clinicians Other than the Patient’s Provider,” to allow for the assignment of codes between Z55 and Z65 (Persons with potential hazards related to socioeconomic and psychosocial circumstances) to be based on

	<p>clinician, rather than physician, documentation [I.B.14]</p> <ul style="list-style-type: none"> The FY2019 coding guidelines align with Q1 2018 Coding Clinic guidance in stating that codes between Z55 and Z65 capture social information and not medical diagnoses and thus can be assigned based on information documented by other clinicians. [CPH, 4/18]
<p>“with” and “in”</p>	<ul style="list-style-type: none"> Guidelines update: FY2019 guidelines specify that the “with” and “in” conventions apply whether the word appears under a subterm or under a main term in the alphabetic index. For example, “with” appears under the main term “Diabetes” but it appears under the subterm “leg” in the alphabetic index listing for “arteriosclerosis, extremities, leg.” The updated guidelines specify that the word operates the same way in both instances. Previously, the guidelines only mentioned how the words should be interpreted when they appear in the alphabetic index but didn’t specify where or in what capacity. [I.A.15]
<p>Myocardial infarctions</p>	<ul style="list-style-type: none"> Guidelines update: More detail was added to the existing guidelines telling coders not to 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. <ul style="list-style-type: none"> A code from I22.- (Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction) should only be used if both the patient’s initial and subsequent myocardial infarctions (MIs) are Type 1 or unspecified. Similarly, coders should 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 of each other, and should 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]
<p>Pulmonary hypertension</p>	<ul style="list-style-type: none"> Guidelines update: An exception was provided to the rule to sequence the underlying cause of a patient’s secondary pulmonary hypertension according to what treatment is aimed at, if the secondary pulmonary hypertension resulted from the adverse effect of a drug.

	<ul style="list-style-type: none"> This implies that the adverse effect sequencing rules apply instead, requiring that pulmonary hypertension be coded first, followed by the T code for the drug, regardless of the focus of care. <i>[I.C.9.a.11]</i>
Burns	<ul style="list-style-type: none"> Guidelines update: The guidelines more specifically state that you should 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 and added that coders are only to assign a code for burns of multiple sites when documentation doesn't specify the individual sites. <i>[I.C.19.d.2,5]</i>
Underdosing	<ul style="list-style-type: none"> Guidelines update: The definition of an underdosing was expanded to include when patients stop taking physician-prescribed medication on their own initiative, versus by physician's orders. Code Z91.14 was added to the list of codes that should be used to explain the reason for a patient's underdosing. <i>[I.C.19.e.5.c]</i>
Factitious disorder	<ul style="list-style-type: none"> Guidelines update: A new guideline specified that 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 belongs only on the perpetrator's record. For coders capturing elderly patients who have been abused in this way, the appropriate codes from categories T74.- (Adult and child abuse, neglect and other maltreatment, confirmed) or T76.- (Adult and child abuse, neglect and other maltreatment, suspected) should be used instead, and coders should follow other abuse guidelines in Chapter 19. <i>[I.C.5.c]</i>
BMI	<ul style="list-style-type: none"> Guidelines update: A clarification here specifies that it's the diagnosis associated with the BMI code (such as obesity) that must meet the definition of a reportable diagnosis, not the BMI itself. <i>[I.C.21.c.3]</i>

Sources: FY2019 Official Coding Guidelines, FY2019 Index Addenda, FY2019 Tabular Addenda