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The webinar will begin shortly

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Round Table 148

FY 2023 IPPS Proposed Rule Highlights: New Codes

July 12th, 2022

Agenda

- Proposed CM codes
  - CM Guidelines
- Proposed PCS codes
  - PCS Guidelines

Please note this information presented is subject to change based on the final rule

CM

CM Summary

(Effective October 1, 2022 Discharges)

1179 New CM codes (total includes new codes released on April 1, 2022)
288 Deletions
28 Revisions

A reminder that the index and tabular addenda should also be reviewed for other changes made to the code book unrelated to new codes

Files for review including FY 2023 CM guidelines can be found @ https://www.cms.gov/medicare/icd-10/2023-icd-10-cm

New Codes by Concept

Certain infectious and parasitic diseases

Recurrent Vulvovaginal Candidiasis (RVVC)

Vulvovaginal candidiasis (VVC), also commonly known as vaginal yeast infection, is inflammation of the vulva and vagina due to Candida, typically C albicans. Familiar signs and symptoms include pruritus, vaginal soreness, dyspareunia, external dysuria, vulvar edema and erythema, and abnormal vaginal discharge.

An estimated 75% of women will have at least one episode of vulvovaginal candidiasis in their lifetime. However, most episodes of VVC are uncomplicated with mild to moderate symptoms that are quickly and successfully addressed via over-the-counter topical antifungal creams and/or a short course of oral fluconazole, an antifungal drug. Among uncomplicated cases of VVC, most are diagnosed on the basis of symptoms alone, and many are self-diagnosed and self-treated.

A smaller but significant subgroup of women develop a more complicated form of vulvovaginal candidiasis. Complicated vulvovaginal candidiasis refers to severe disease, infection in an immune-compromised woman, or infection with a non-*C albicans* species. Most prominently, it refers to recurrent vulvovaginal candidiasis (RVVC), defined as 3-4 or more episodes of symptomatic infection within one year. Prevalence of RVVC has been variously estimated in literature reviews and surveys at 5-9% of women

No Change	**B37 Candidiasis**
No Change	**B37.3 Candidiasis of vulva and vagina**
Add	**B37.31 Acute candidiasis of vulva and vagina**
Add	Candidiasis of vulva and vagina NOS
Add	**B37.32 Chronic candidiasis of vulva and vagina**
Add	Recurrent candidiasis of vulva and vagina

New Codes by Concept
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

Hemolytic-Uremic Syndrome

There was a previous proposal for expansion of the hemolytic-uremic syndrome (HUS) code in September 2020. This is now being brought back with revisions based on previous comments, and further input from multiple parties. Further expansion is being proposed that differs from the original proposal

Hemolytic-uremic syndrome (HUS) most often occurs after a gastrointestinal infection with E coli bacteria (Escherichia coli O157:H7); this is called typical HUS. However, the condition has also been linked to other gastrointestinal infections, including shigella and salmonella. It has also been linked to nongastrointestinal infections, particularly with pneumococcus. One broad approach to classifying HUS groups cases that are associated with infections separately

There are a number of causes of atypical HUS (aHUS). Certain genetic disorders may lead to aHUS, particularly related to the complement system. However, these generally give a genetic predisposition to aHUS, and in most cases, there also needs to be a triggering event. In such cases, aHUS can develop following a trigger by an acute infection, such as chicken pox or influenza. Pregnancy is another potential trigger. HUS due to genetic disorders would be considered hereditary HUS. There are also a number of other causes of secondary atypical HUS, including exposure to certain drugs (e.g., quinine, cancer chemotherapy, and oral contraceptives, among others).

No Change **D59 Acquired hemolytic anemia**

No Change **D59.3 Hemolytic-uremic syndrome**

Delete **Use Additional** code to identify associated:
Delete E. coli infection (B96.2-)
Delete Pneumococcal pneumonia (J13)
Delete Shigella dysenteriae (A03.9)

Add **Code also**, if applicable, any associated:
Add acute kidney failure (N17.-)
Add chronic kidney disease (N18.-)

Add **D59.30 Hemolytic-uremic syndrome, unspecified**
Add Hemolytic-uremic syndrome NOS

Add **D59.31 Infection-associated hemolytic-uremic syndrome**
Add Shiga toxin-producing E. coli [STEC] related hemolytic uremic syndrome
Add Typical hemolytic uremic syndrome

Add **Use Additional** code to identify associated infection, such as :
Add E. coli infection (B96.2-)
Add Human immunodeficiency virus [HIV] disease (B20)
Add Pneumococcal meningitis (G00.1)
Add Pneumococcal pneumonia (J13)
Add Sepsis due to Streptococcus pneumoniae (A40.3)
Add Shigella dysenteriae (A03.9)
Add Streptococcus pneumoniae as the cause of diseases classified elsewhere (B95.3)

Add **D59.32 Hereditary hemolytic-uremic syndrome**
Add Atypical hemolytic uremic syndrome with an identified genetic cause

Add **Code also**, if applicable:
Add defects in the complement system (D84.1)
Add methylmalonic acidemia (E71.120)

Add **D59.39 Other hemolytic-uremic syndrome**
Add Atypical (nongenetic) hemolytic uremic syndrome
Add Secondary hemolytic-uremic syndrome

Add **Code first**, if applicable, any associated:
Add COVID-19 (U07.1)
Add complications of kidney transplant (T86.1-)
Add complications of heart transplant (T86.2-)
Add complications of liver transplant (T86.4-)

Add **Code also**, if applicable, any associated condition, such as:
Add hypertensive emergency (I16.1)
Add malignant neoplasm (C00-C96)
Add systemic lupus erythematosus (M32.-)

Add **Use Additional** code, if applicable, for adverse effect to identify drug (T36-T50 with fifth or sixth character 5)

New Codes by Concept

Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

Heparin-Induced Thrombocytopenia (HIT)

Heparin-induced thrombocytopenia (HIT) is a decrease in platelet count that occurs during or shortly after exposure to heparin. With the wide usage of heparin for treating or preventing blood clots, this is a common problem, which can be serious and life-threatening.

For a number of years there have been two types of HIT recognized, identified as type 1 HIT and type 2 HIT.
There has also more recently been a type of HIT identified as autoimmune HIT, or spontaneous HIT, which may occur without the patient previously receiving heparin. Currently there is only one code for Heparin Induced Thrombocytopenia (HIT), D75.82. It has been requested by the Agency for Healthcare Research and Quality (AHRQ) to create specific codes for Type 1 HITand Type 2 HIT, and also to differentiate cases of autoimmune HIT. It is also proposed to separate other clinically similar conditions that occur unrelated to heparin, including spontaneous HIT syndrome.

No Change	**Other disorders of blood and blood-forming organs (D70-D77)**
No Change	**D75 Other and unspecified diseases of blood and blood-forming organs**
No Change	**D75.8 Other specified diseases of blood and blood-forming organs**
No Change	**D75.82 Heparin induced thrombocytopenia (HIT)**
Add	**Use Additional** code, if applicable, for adverse effect of heparin (T45.515-)
Add	**D75.821 Non-immune heparin-induced thrombocytopenia**
Add	Non-immune HIT
Add	Type 1 heparin-induced thrombocytopenia
Add	**D75.822 Immune-mediated heparin-induced thrombocytopenia**
Add	Immune-mediated HIT
Add	Type 2 heparin-induced thrombocytopenia
Add	**D75.828 Other heparin-induced thrombocytopenia syndrome**
Add	Autoimmune heparin-induced thrombocytopenia syndrome
Add	Delayed-onset heparin-induced thrombocytopenia
Add	Persisting heparin-induced thrombocytopenia
Add	**D75.829 Heparin-induced thrombocytopenia, unspecified**
Add	**D75.84 Other platelet-activating anti-PF4 disorders**
Add	Spontaneous heparin-induced thrombocytopenia syndrome (without heparin exposure)
Add	Thrombosis with thrombocytopenia syndrome
Add	Vaccine-induced thrombotic thrombocytopenia
Add	**Use Additional** code, if applicable, for adverse effect of other viral vaccine (T50.B95-)

New Codes by Concept

Endocrine, nutritional and metabolic diseases

Acute and Chronic Metabolic Acidosis

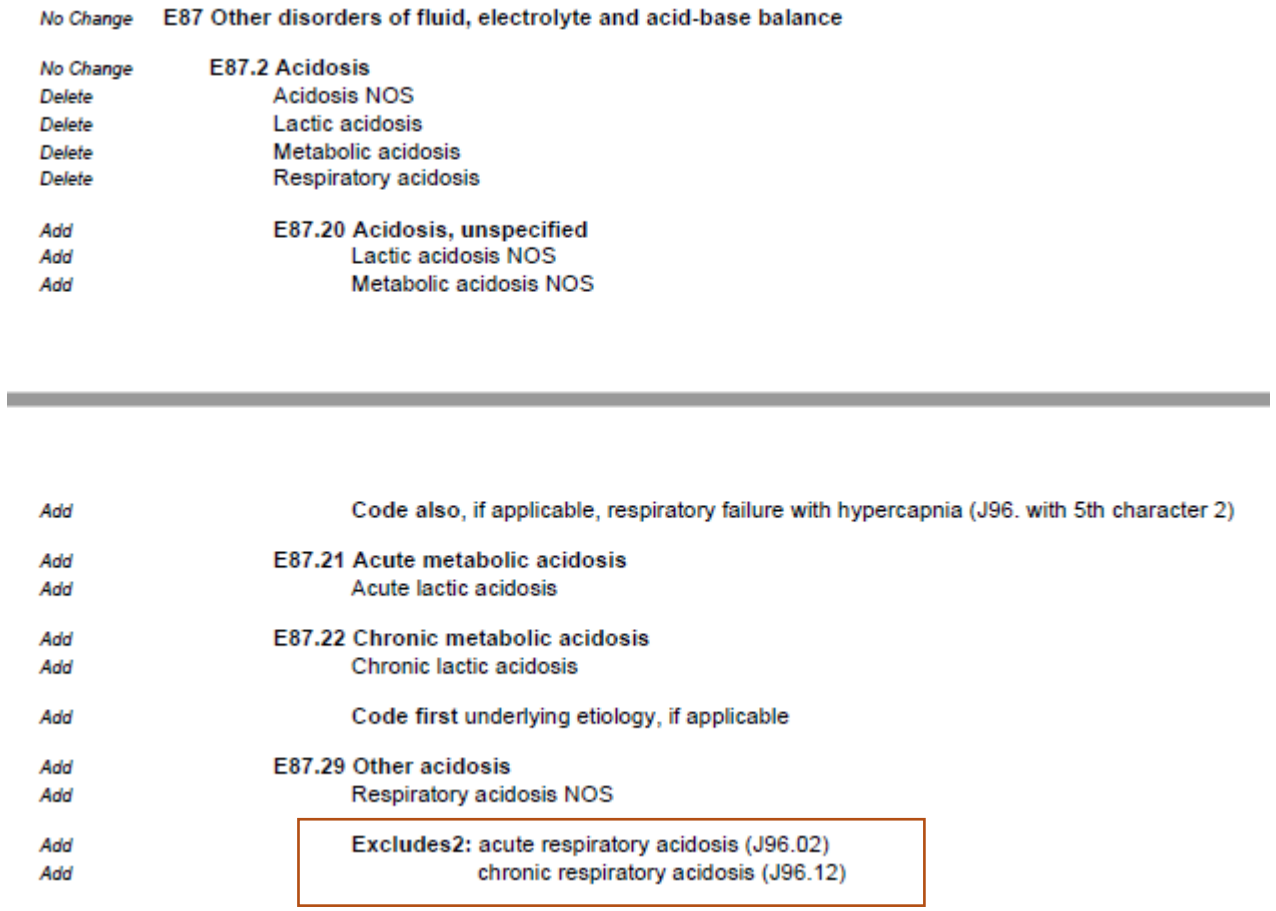
Chronic metabolic acidosis is both a serious complication and an underlying cause of chronic kidney disease (CKD) progression. As kidney function deteriorates, patients cannot secrete adequate amounts of acid. The resulting acid-base imbalance leads to a reduction in serum bicarbonate. It is a clinically distinct disorder from acute metabolic acidosis, which either results from hypoperfusion, alterations in glucose metabolism (Diabetic or Starvation Ketoacidosis) or less commonly from ingestion of toxic substances.

Acute metabolic acidosis is typically associated with conditions that result in hospitalization and treatment is primarily aimed at correcting the underlying etiology (e.g., antimicrobial treatment of sepsis, volume resuscitation, control of hyperglycemia, etc.).

In contrast, chronic metabolic acidosis is caused by a kidney-related pathology, most commonly CKD, and treatment is primarily aimed at increasing the serum bicarbonate level over the long term. Recognition and identification of acute versus chronic metabolic acidosis in CKD is therefore important to ensure appropriate clinical evaluation, treatment plans and optimal outcomes.

Chronic metabolic acidosis, a complication of CKD, is also associated with an increased risk of CKD progression and death

There is one ICD-10-CM code for non-diabetic acidosis, E87.2. E87.2 includes multiple forms of non-diabetic acidosis: lactic acidosis; respiratory acidosis; and metabolic acidosis. This proposal seeks to expand the E87.2 code to clarify acidosis and accommodate metabolic acidosis in CKD.



New Codes by Concept

Mental, Behavioral and Neurodevelopmental disorders

Dementia: Stage of Severity, Behavioral and Psychological Symptoms

In summary, they propose to add in inclusion terms for major neurocognitive disorders, add severity (mild, moderate, severe), add different types of associated Behavioral and Psychological Symptoms of Dementia to current dementia codes (Vascular dementia, dementia in diseases classified elsewhere, unspecified dementia. On listening to the meeting commentary, the intent is to code multiple codes if they are applicable, similar to diabetes with neuropathy, nephropathy, angiopathy.

The burden for dementia is high to both patients, whose quality of life is greatly impacted, as well as society in terms of resources required. For example, among individuals age 65 or older, those with dementia have twice as many hospital stays per year and their rate of skilled nursing facility stays is almost four times higher. In addition, patients with chronic conditions anddementia use more healthcare services than patients with chronic conditions who do not have dementia.

Current codesfor dementia do not identify the stage of severity and also do not fully identify behavioral and psychological symptoms of dementia (BPSD). Both of these clinical elements are major factors in patient management strategies. Particularly because dementia is progressive, there is a great need for the longitudinal clinical data to capture the stage of severity and the keyassociated disorders over time to move research and clinical studies forward

No Change	**F01 Vascular dementia**
Add	**Includes:** major neurocognitive disorder due to vascular disease
Add	multi-infarct dementia
Revise from	**F01.5 Vascular dementia**
Revise to	**F01.5 Vascular dementia, unspecified severity**
Revise from	**F01.50 Vascular dementia without behavioral disturbance**
Revise to	**F01.50 Vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety**
Revise from	Major neurocognitive disorder without behavioral disturbance
Revise to	Major neurocognitive disorder due to vascular disease NOS
Add	Vascular dementia NOS
Revise from	**F01.51 Vascular dementia with behavioral disturbance**
Revise to	**F01.51 Vascular dementia, unspecified severity, with behavioral disturbance**
Delete	Major neurocognitive disorder due to vascular disease, with behavioral disturbance
Delete	Major neurocognitive disorder with aggressive behavior
Delete	Major neurocognitive disorder with combative behavior
Delete	Major neurocognitive disorder with violent behavior
Delete	Vascular dementia with aggressive behavior
Delete	Vascular dementia with combative behavior
Delete	Vascular dementia with violent behavior
Delete	**Use Additional** code, if applicable, to identify wandering in vascular dementia (Z91.83)
Add	**F01.511 Vascular dementia, unspecified severity, with agitation**
Add	Major neurocognitive disorder due to vascular disease, unspecified severity, with aberrant motor behavior such as restlessness, rocking, pacing, or exit-seeking
Add	Major neurocognitive disorder due to vascular disease, unspecified severity, with verbal or physical behaviors such as profanity, shouting, threatening, anger, aggression, combativeness, or violence
Add	Vascular dementia, unspecified severity, with aberrant motor behavior such as restlessness, rocking, pacing, or exit-seeking
Add	Vascular dementia, unspecified severity, with verbal or physical behaviors such as profanity, shouting, threatening, anger, aggression, combativeness, or violence
Add	**F01.518 Vascular dementia, unspecified severity, with other behavioral disturbance**
Add	Major neurocognitive disorder due to vascular disease, unspecified severity, with behavioral disturbances such as sleep disturbance, social disinhibition, or sexual disinhibition
Add	Vascular dementia, unspecified severity, with behavioral disturbances such as sleep disturbance, social disinhibition, or sexual disinhibition
Add	**Use Additional** code, if applicable, to identify wandering in vascular dementia (Z91.83)
Add	**F01.52 Vascular dementia, unspecified severity, with psychotic disturbance**
Add	Major neurocognitive disorder due to vascular disease, unspecified severity, with psychotic disturbance such as hallucinations, paranoia, suspiciousness, or delusional state
Add	Vascular dementia, unspecified severity, with psychotic disturbance such as hallucinations, paranoia, suspiciousness, or delusional state
Add	**F01.53 Vascular dementia, unspecified severity, with mood disturbance**
Add	Major neurocognitive disorder due to vascular disease, unspecified severity, with mood

New Codes by Concept

Mental, Behavioral and Neurodevelopmental disorders

Substance Use Unspecified in Remission

ICD-10-CM currently provides codes for differentiating levels of severity (e.g., F10.1 Alcohol abuse vs. Alcohol Dependence vs. F10.9 Alcohol use unspecified when the severity of use is not known) as well as codes for differentiating between current use and prior use but currently in remission (e.g., F10.10 Alcohol abuse uncomplicated vs. F10.11 Alcohol abuse in remission, and F10.20 Alcohol dependence, uncomplicated vs. F10.21 Alcohol dependence in remission).

At this time, the ICD-10-CM code set does not include a code for substance use, unspecified, in remission; one must know if a patient was most recently a mild, moderate, or severe user (abuse or dependent) to code the current remission status. Consequently, cases in which the patient is known to have been previously diagnosed with a substance use disorder and whose pattern of substance use currently meets the criteria for remission status, yet the severity of the substance use before achieving remission status is not known, cannot be coded.

It is the request of the submitter to create new ICD-10-CM codes for “unspecified use in remission” for the reporting of current remission status when previous severity is not known.

Moreover, in the course of preparing this submission, it was discovered that F10.90 (Alcohol use, unspecified, uncomplicated) which would be used in cases where the alcohol use pattern is unspecified, but it is known that the use pattern is not complicated by an alcohol-induced disorder such as alcohol-induced mood disorder. This contrasts with the existing F10.99 Alcohol use unspecified with unspecified alcohol-induced disorder, in which both the pattern of alcohol use and the possible presence of an alcohol-induced disorder are unspecified. Such a code exists for the other instances of F1x.90 (i.e., other drug classes). Given that alcohol is no different from the other substance classes with respect to these unspecified categories, the omission of F10.90 alcohol use, unspecified, uncomplicated is almost certainly an oversight and thus it is recommended that F10.90 also be added to ICD-10-CM.

No Change	**F10.9 Alcohol use, unspecified**
Add	**F10.90 Alcohol use, unspecified, uncomplicated**
Add	**F10.91 Alcohol use, unspecified, in remission**
No Change	**F11 Opioid related disorders**
No Change	**F11.9 Opioid use, unspecified**
Add	**F11.91 Opioid use, unspecified, in remission**
No Change	**F12 Cannabis related disorders**
No Change	**F12.9 Cannabis use, unspecified**
Add	**F12.91 Cannabis use, unspecified, in remission**
No Change	**F13 Sedative, hypnotic, or anxiolytic related disorders**
No Change	**F13.9 Sedative, hypnotic or anxiolytic-related use, unspecified**
Add	**F13.91 Sedative, hypnotic or anxiolytic use, unspecified, in remission**
No Change	**F14 Cocaine related disorders**
No Change	**F14.9 Cocaine use, unspecified**
Add	**F14.91 Cocaine use, unspecified, in remission**
No Change	**F15 Other stimulant related disorders**
No Change	**F15.9 Other stimulant use, unspecified**
Add	**F15.91 Other stimulant use, unspecified, in remission**
No Change	**F16 Hallucinogen related disorders**
No Change	**F16.9 Hallucinogen use, unspecified**
Add	**F16.91 Hallucinogen use, unspecified, in remission**
No Change	**F18 Inhalant related disorders**
No Change	**F18.9 Inhalant use, unspecified**
Add	**F18.91 Inhalant use, unspecified, in remission**
No Change	**F19 Other psychoactive substance related disorders**
No Change	**F19.9 Other psychoactive substance use, unspecified**
Add	**F19.91 Other psychoactive substance use, unspecified, in remission**

New Codes by Concept

Diseases of the nervous system

Postural orthostatic tachycardia syndrome (POTS)

Postural orthostatic tachycardia syndrome (POTS) is a chronic autonomic nervous system disorder that can cause severe disability, and impaired quality of life. 1 POTS is estimated to affect as many as 500,000 to 3 million people in the U.S. 2, although precise epidemiological studies have not been conducted to date.

Although POTS was given its modern definition in 1993 3, it has been described in the medical literature since the Civil War. 4 At that time, a military physician, J. M. DaCosta, described a post-infectious syndrome in soldiers resulting in severe lightheadedness, tachycardia, dyspnea, headache, abdominal distension, and fatigue. This has also been known as DaCosta syndrome, Irritable Heart, Solider's Heart, Civil War Syndrome, Effort Syndrome, and many other terms throughout history. Infectious agents are one of the most common triggers for the onset of POTS.

There is not a specific ICD-10-CM code for POTS, nor is there an index entry for it. One code that has been recommended and used is I49.8, Other specified cardiac arrhythmias. However, this is misleading. The tachycardia in POTS is sinus tachycardia that is noted upon standingwhich returns to either normal sinus rhythm or persistent, albeit lower rate of, sinus tachycardia upon assuming a recumbent position.

Creation of a specific code for POTS will support research, including clinical, epidemiological, medical utilization and economic impact, and other POTS research. There is growing interest in POTS research from government agencies and academic medical centers around the world. The US Congress has recognized POTS and the need for improved clinical care and research. The U.S. National Institutes of Health recently issued its first Notice of Special Interest to StimulateResearch on the Diagnosis, Treatment, and Mechanistic Understanding of Postural Orthostatic Tachycardia Syndrome

No Change	**G90 Disorders of autonomic nervous system**
Add	**G90.A Postural orthostatic tachycardia syndrome [POTS]**
Add	Chronic orthostatic intolerance
Add	Postural tachycardia syndrome

New Codes by Concept

Diseases of the nervous system

Postviral and Related Fatigue Syndromes

Currently, the term does not exist in the ICD-10-CM and the ICD-10-CM code most often used is the one for “chronic fatigue syndrome,” which is the same code as the symptom of “chronic fatigue”, (R53.82). As a result, it is difficult to accurately track ME/CFS separate from the symptom of chronic fatigue. This could also have secondary effects on healthcare resource planning, fiscal support for clinical care, use of medical records in future research, provisioning
of workplace/school accommodations, and determination of disability benefits

It is also being recommended the code title G93.3, Postviral fatigue syndrome, be revised to Postviral and related fatigue syndromes to include other precipitants and still maintain the code title’s original wording. By its name, the term postviral fatigue syndrome is intended only for post-viral illness. But as noted above, the terms ME and ME/CFS include both viral and nonviral precipitants.

No Change	**G93 Other disorders of brain**
Revise from	**G93.3 Postviral fatigue syndrome**
Revise to	**G93.3 Postviral and related fatigue syndromes**
Delete	Benign myalgic encephalomyelitis
Add	**Use Additional** code, if applicable, for post COVID-19 condition, unspecified (U09.9)
Add	**Excludes1:** neurasthenia (F48.8)
Add	**G93.31 Postviral fatigue syndrome**
Add	**G93.32 Myalgic encephalomyelitis/chronic fatigue syndrome**
Add	Chronic fatigue syndrome
Add	ME/CFS
Add	Myalgic encephalomyelitis
Add	**G93.39 Other post infection and related fatigue syndromes**

New Codes by Concept

Diseases of the circulatory system

Refractory Angina Pectoris

Chronic angina pectoris, refractory to medical and interventional therapies, is a common and disabling medical condition, and a major public health problem that affects millions of patients world-wide

The clinical burden of refractory angina (RA) is growing due to an aging population and improved survival from coronary artery disease (CAD)

Refractory angina (RA) is conventionally defined as a chronic condition (≥3 months in duration) characterized by angina in the setting of coronary artery disease (CAD), which cannot be controlled by a combination of optimal medical therapy, angioplasty or bypass surgery, and where reversible myocardial ischemia has been clinically established to be the cause of the symptoms

When further revascularization options are limited, these patients are frequently described as having no option for treatment, and as having refractory angina. The care of these patients is challenging, and the guidance available from national practice guidelines is limited

No Change	I20 Angina pectoris
Add	I20.2 Refractory angina pectoris
No Change	I25 Chronic ischemic heart disease
No Change	I25.1 Atherosclerotic heart disease of native coronary artery
No Change	I25.11 Atherosclerotic heart disease of native coronary artery with angina pectoris
Add	I25.112 Atherosclerosic heart disease of native coronary artery with refractory angina pectoris
No Change	I25.7 Atherosclerosis of coronary artery bypass graft(s) and coronary artery of transplanted heart with angina pectoris
No Change	I25.70 Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris
Add	I25.702 Atherosclerosis of coronary artery bypass graft(s), unspecified, with refractory angina pectoris
No Change	I25.71 Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris
Add	I25.712 Atherosclerosis of autologous vein coronary artery bypass graft(s) with refractory angina pectoris
No Change	I25.72 Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris
Add	I25.722 Atherosclerosis of autologous artery coronary artery bypass graft(s) with refractory angina pectoris
No Change	I25.73 Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris
Add	I25.732 Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with refractory angina pectoris
No Change	I25.75 Atherosclerosis of native coronary artery of transplanted heart with angina pectoris
Add	I25.752 Atherosclerosis of native coronary artery of transplanted heart with refractory angina pectoris
No Change	I25.76 Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris
Add	I25.762 Atherosclerosis of bypass graft of coronary artery of transplanted heart with refractory angina pectoris
No Change	I25.79 Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris
Add	I25.792 Atherosclerosis of other coronary artery bypass graft(s) with refractory angina pectoris

New Codes by Concept

Diseases of the circulatory system

Malignant pericardial effusion

Malignant pericardial effusion (MPE) is a complication of neoplastic disease. Approximately 10% of cancer patients develop cardiac metastases, based on autopsy studies. Many may be asymptomatic. Of these metastatic lesions, about three quarters involve the epicardium, the innermost layer of the pericardium, and among those with epicardial metastases, about one third had a pericardial effusion.

The most common etiologies of malignant disease of the pericardium include cancers of the lung and breast, while a number of other cancers may also produce malignant neoplasms, including malignant melanoma and leukemia or lymphoma. The presence of symptomatic pericardial effusion in a patient with a malignancy suggests a poor prognosis, with a median survival time of 2 to 5 months after diagnosis.

It is important to differentiate malignant pericardial effusion from the broader category of pericardial diagnoses related to neoplastic disease. Pericardial effusion in patients with malignancies may result from primary or metastatic involvement of cardiac structures, but may also be seen with radiation-induced pericarditis, opportunistic infection, or toxicity of chemotherapeutic agents.

No Change	**I31 Other diseases of pericardium**
No Change	**I31.2 Hemopericardium, not elsewhere classified**
Add	**Excludes1:** malignant pericardial effusion (I31.31)
No Change	**I31.3 Pericardial effusion (noninflammatory)**
Delete	Chylopericardium
Add	**I31.31 Malignant pericardial effusion in diseases classified elsewhere**
Add	**Code first** underlying neoplasm (C00-D49)
Add	**I31.39 Other pericardial effusion (noninflammatory)**
Add	Chylopericardium

The malignant pericardial effusion occupies a smaller, more definitive niche as a secondary process due to metastatic disease of cardiac and pericardiac tissues.

Malignant pericardial effusion is one of the most common types of pericardial effusion, and its presence is of clinical and prognostic importance.

New Codes by Concept

Diseases of the circulatory system

Mitral Annulus Calcification

The mitral annulus separates the left atrium from the left ventricle. It has a complex saddle shape that is divided into anterior and posterior portions. Mitral annulus calcification is a chronic, degenerative process of the fibrous support structure of the mitral valve

The reported incidence is between 8% and 15%, but it significantly increases with age and in patients with multiple cardiovascular risk factors or chronic kidney disease (CKD). Its clinical relevance comes from MAC's association with an increased rate of mortality and cardiovascular disease. MAC has also been found to increase the incidence of mitral valve disease and arrhythmias and to influence the outcome of cardiac surgery.1 In fact, the risk of surgical mitral valve replacement in patient with severe MAC is high due to comorbidities and technical challenges related to calcium burden.

Surgical management of severe MAC is associated with significant risks and complexity. Transcatheter mitral valve replacement (TMVR) is being studied as an alternative to surgery in patients with native mitral valve disease with severe MAC who are poor candidates for surgery

There are currently no ICD-10-CM codes describing the presence of MAC or MAC as a mitral valve disease.

No Change	**I34 Nonrheumatic mitral valve disorders**
No Change	**I34.0 Nonrheumatic mitral (valve) insufficiency**
Add	**Code also**, if applicable:
Add	nonrheumatic mitral (valve) annulus calcification (I34.81)
No Change	**I34.2 Nonrheumatic mitral (valve) stenosis**
Add	**Code also**, if applicable:
Add	nonrheumatic mitral (valve) annulus calcification (I34.81)
No Change	**I34.8 Other nonrheumatic mitral valve disorders**
Add	**I34.81 Nonrheumatic mitral (valve) annulus calcification**
Add	Nonrheumatic mitral (valve) annular calcification
Add	Mitral (valve) annulus calcification NOS
Add	**Code also**, if applicable:
Add	nonrheumatic mitral (valve) insufficiency (I34.0)
Add	nonrheumatic mitral (valve) stenosis (I34.2)
Add	**I34.89 Other nonrheumatic mitral valve disorders**

New Codes by Concept

Diseases of the circulatory system

Torsades de Pointes

Torsades de pointes is a form of polymorphic ventricular tachycardia. It can be triggered by certain medications in susceptible individuals, and it can be fatal. Thus, identifying persons who might be at risk of torsades de pointes and managing their medications to reduce risk is a key medication safety initiative in many health care institutions.

Torsades de pointes can cause symptoms of palpitations, dizziness, and syncope, which are usually recurrent. It may be diagnosed based on EKG, where it has a distinct appearance, with the ventricular beats changing shape from one beat to the next (thus polymorphic). Sometimes longer term Holter monitoring may be necessary. Torsades is associated with long QT syndrome, which may be congenital, or acquired. The most common acquired causes are related to taking certain medications and related to electrolyte abnormalities.

It should be noted that torsades de pointes is different from other types of ventricular tachycardias. The current ICD-10-CM classification of torsades at code I47.2, Ventricular tachycardia, does not provide sufficient specificity, as it is grouped with other forms of ventricular tachycardia. It is anticipated that a new code for torsade de pointes has the potential to benefit many aspects of the healthcare industry, including research, reporting, and risk reduction strategies for drug-induced torsade de pointes. It will improve clarity and be of utility for health care providers.

No Change	**I47 Paroxysmal tachycardia**
No Change	**I47.2 Ventricular tachycardia**
Add	**I47.20 Ventricular tachycardia, unspecified**
Add	**I47.21 Torsades de pointes**
Add	**Code also**, if applicable, long QT syndrome (I45.81)
Add	**Use Additional** code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

Add	**I47.29 Other ventricular tachycardia**

New Codes by Concept

Diseases of the circulatory system

Aortic Aneurysm and Dissection

It has been proposed by W. L. Gore & Associates, Inc., that ICD-10-CM be expanded to create specific codes identifying the anatomy involved, for aortic aneurysm and dissection. This would enable better capture of clinical presentation, and more utility for clinicians

Patients who present with dissection or aneurysm formation within the aorta are treated on the basis of their anatomy. The diagnosis, medical and surgical management, risk of adverse events, and overall resources involved with the patient's care are directly related to the site of disease. For example, patients with an infrarenal abdominal aortic aneurysm may be treated via minimally invasive endovascular means and have a relatively short length of stay in the hospital, and lower risk of complications. Conversely, patients who present with an aortic aneurysm near the mesenteric arteries often require extensive open surgical reconstruction, with length of stay of 5-7 days, risk of complications around 10%, and involving substantially more hospital resources

The aorta has three layers: from the innermost layer the intima, followed by the media, and the adventitia. An aortic dissection is a tear in the aorta that occurs between the intima and media. Expansion of this tear can block critical vessels branching from the aorta, leading to ischemia of the affected organ or extremity. The most feared aortic dissection is one that affects the ascending aorta, due to the potential for coronary ischemia

No Change	**I71 Aortic aneurysm and dissection**
Delete	**Excludes1:** aortic ectasia (I77.81-)
Delete	syphilitic aortic aneurysm (A52.01)
Delete	traumatic aortic aneurysm (S25.09, S35.09)
Add	**Code first**, if applicable:
Add	syphilitic aortic aneurysm (A52.01)
Add	traumatic aortic aneurysm (S25.09, S35.09)
No Change	**I71.0 Dissection of aorta**
No Change	**I71.01 Dissection of thoracic aorta**
Add	**I71.010 Dissection of ascending aorta**
Add	**I71.011 Dissection of aortic arch**
Add	**I71.012 Dissection of descending thoracic aorta**
Add	**I71.019 Dissection of thoracic aorta, unspecified**
No Change	**I71.1 Thoracic aortic aneurysm, ruptured**
Add	**I71.10 Thoracic aortic aneurysm, ruptured, unspecified**
Add	**I71.11 Aneurysm of the ascending aorta, ruptured**
Add	**I71.12 Aneurysm of the aortic arch, ruptured**
Add	**I71.13 Aneurysm of the descending thoracic aorta, ruptured**
No Change	**I71.2 Thoracic aortic aneurysm, without rupture**
Add	**I71.20 Thoracic aortic aneurysm, without rupture, unspecified**
Add	**I71.21 Aneurysm of the ascending aorta, without rupture**
Add	**I71.22 Aneurysm of the aortic arch, without rupture**
Add	**I71.23 Aneurysm of the descending thoracic aorta, without rupture**
No Change	**I71.3 Abdominal aortic aneurysm, ruptured**
Add	**I71.30 Abdominal aortic aneurysm, ruptured, unspecified**
Add	**I71.31 Pararenal abdominal aortic aneurysm, ruptured**
Add	**I71.32 Juxtarenal abdominal aortic aneurysm, ruptured**
Add	**I71.33 Infrarenal abdominal aortic aneurysm, ruptured**
No Change	**I71.4 Abdominal aortic aneurysm, without rupture**
Add	**I71.40 Abdominal aortic aneurysm, without rupture, unspecified**
Add	**I71.41 Pararenal abdominal aortic aneurysm, without rupture**
Add	**I71.42 Juxtarenal abdominal aortic aneurysm, without rupture**

New Codes by Concept

Diseases of the circulatory system

Antineutrophilic cytoplasmic antibody [ANCA] vasculitis

Antineutrophilic cytoplasmic antibody (ANCA) associated vasculitis represents a group of autoimmune conditions that cause inflammation of blood vessels, and can affect multiple systems. It includes three main systemic vasculitides: granulomatosis with polyangiitis (GPA; or formerly Wegener granulomatosis), eosinophilic granulomatosis with polyangiitis (EGPA; or previously Churg-Strauss syndrome), and microscopic polyangiitis (MPA). In addition, other forms of ANCA vasculitis include drug-induced vasculitis and renal limited vasculitis

Broad symptoms in different types of ANCA vasculitis include fatigue, fever, and weight loss. There are specific findings typical in the specific disorders. Renal involvement can range from none, to hematuria, or to rapidly progressive renal failure, in some cases with crescentic glomerulonephritis

Early diagnosis and treatment of ANCA vasculitis is important, as if untreated, the two year survival is less than 10%, while with treatment, it is generally over 90%.

Add	**I77.82 Antineutrophilic cytoplasmic antibody [ANCA] vasculitis**
Add	ANCA associated vasculitis
Add	ANCA positive vasculitis
Add	**Excludes2:** eosinophilic granulomatosis with polyangiitis (M30.1)
Add	granulomatosis with polyangiitis (M31.3-)
Add	microscopic polyangiitis (M31.7)

New Codes by Concept

Diseases of the respiratory system

Transfusion-associated dyspnea (TAD)

TAD is ‘a pulmonary complication post transfusion that cannot be classified as TACO or TRALI, nor can it be ascribed to patient’s pre-existing diseases.’ In a study of transfusion related adverse events by CDC’s National Healthcare Safety Network (NHSN) using reporting
Facilities

In a study of transfusion related adverse events by CDC’s National Healthcare Safety Network (NHSN) using reporting facilities (3), transfusion-related pulmonary complications (TACO, TRALI, and TAD) accounted for 35% of serious reactions and 65% of fatalities.

The literature suggests that TAD may be serious transfusion related pulmonary complication and needs population-based national monitoring, including understanding potential risk factors in elderly and other populations, and further characterization to better understand pathophysiology of cases reported under TAD. TAD occurred with RBCs, platelets, and plasma transfusions, and has also been reported as an adverse event of COVID-19 Convalescent Plasma.

No Change	**J95.8 Other intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified**
Add	**J95.87 Transfusion-associated dyspnea (TAD)**
Add	**Excludes1:** transfusion associated circulatory overload (TACO) (E87.71)
Add	transfusion-related acute lung injury (TRALI) (J95.84)

New Codes by Concept

Diseases of the digestive system

Hepatic encephalopathy

In ICD-9-CM, hepatic encephalopathy had a unique code with hepatic coma, portal-systemicencephalopathy and hepatocerebral intoxication as inclusion terms. In ICD-10 the manifestation of hepatic coma is in included in various causes of hepatic failure without a specific code.

Hepatic encephalopathy (HE) involves altered consciousness and behavior related to insufficient liver function. HE is the loss of brain function that occurs when the liver is unable to remove toxins from the blood. Ammonia, which is produced by your body when proteins are digested, is one of the toxins that's normally made harmless by your liver. When ammonia or other toxic substances build up in the body when your liver isn't working well, it may affect your brain and cause HE.

NCHS proposes the following tabular changes to capture acute HE up to the hepatic coma and to harmonize with ICD-11 reporting of hepatic encephalopathy for research and clinical purposes

No Change	**Diseases of liver (K70-K77)**
No Change	**K72 Hepatic failure, not elsewhere classified**
Delete	**Includes:** hepatic encephalopathy NOS
No Change	**K76 Other diseases of liver**
No Change	**K76.8 Other specified diseases of liver**
Add	**K76.82 Hepatic encephalopathy**
Add	Hepatic encephalopathy, NOS
Add	Hepatic encephalopathy without coma
Add	Hepatocerebral intoxication
Add	Portal-systemic encephalopathy
Add	**Code also** underlying liver disease, such as:
Add	acute and subacute hepatic failure without coma (K72.00)
Add	alcoholic hepatic failure without coma (K70.40)
Add	chronic hepatic failure without coma (K72.10)
Add	hepatic failure with toxic liver disease without coma (K71.10)
Add	hepatic failure without coma (K72.90)
Add	icterus of newborn (P55-P59)
Add	postprocedural hepatic failure (K91.82)
Add	viral hepatitis without hepatic coma (B15.9, B16.1, B16.9, B17.10, B19.10, B19.20, B19.9)
Add	**Excludes1:** acute and subacute hepatic failure with coma (K72.01)
Add	alcoholic hepatic failure with coma (K70.41)
Add	chronic hepatic failure with coma (K72.11)
Add	hepatic failure with coma (K72.91)

New Codes by Concept

Diseases of the musculoskeletal system and connective tissue

Rib fracture due to cardiopulmonary resuscitation

For rib fracture due to cardiopulmonary resuscitation (CPR), ICD-10-CM/PCS Coding Clinic, First Quarter ICD-10 2021, pages: 5-6, Effective with discharges: March 10, 2021, instructs coders to assign code M96.89 “Other intraoperative and postprocedural complications and disorders of the musculoskeletal system”, along with external cause of injury code Y84.8, “Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure”.
This Coding Clinic guidance is consistent with previous guidance to avoid assigning traumatic injury codes for injuries that occur during, or as a result of, a medical intervention (even when those injuries are a result of mechanical trauma). However, it has previously been common practice for coders to assign traumatic injury codes to all fractures that occur in the course of medical care.

AHRQ’s PSI 06, “Iatrogenic Pneumothorax Rate”, excludes diagnoses that could reasonably beexpected to involve entering into the pleural space. Cases involving rib fracture due toperformance of CPR should be excluded from PSI 06, because iatrogenic pneumothorax would be an expected outcome in this clinical setting. This exclusion has been historically accomplished using S codes, but this approach is no longer feasible in light of the recent Coding Clinic guidance. AHRQ is requesting new codes to specifically identify thoracic fractures due to performance of CPR or chest compressions.

No Change	**Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified (M96)**
No Change	**M96 Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified**
Add	**M96.A Fracture of ribs, sternum and thorax associated with compression of the chest and cardiopulmonary resuscitation**
Add	**M96.A1 Fracture of sternum associated with chest compression and cardiopulmonary resuscitation**
Add	Fracture of xiphoid process associated with chest compression and cardiopulmonary resuscitation
Add	**M96.A2 Fracture of one rib associated with chest compression and cardiopulmonary resuscitation**
Add	**M96.A3 Multiple fractures of ribs associated with chest compression and cardiopulmonary resuscitation**
Add	**M96.A4 Flail chest associated with chest compression and cardiopulmonary resuscitation**
Add	**M96.A9 Other fracture associated with chest compression and cardiopulmonary resuscitation**

New Codes by Concept

Diseases of the Genitourinary System

Contrast-Induced Nephropathy

There are two rare, but serious disorders associated with contrast dyes and the kidneys: contrast induced nephropathy (CIN) and nephrogenic systemic fibrosis (NSF). Contrast-induced nephropathy (CIN) is defined as the impairment of kidney function—measured as either a 25% increase in serum creatinine (SCr) from baseline or a 0.5 mg/dL (44 µmol/L) increase in absolute SCr value—within 48-72 hours after intravenous contrast administration. CIN is a rare disorder and occurs when kidney problems are caused by the use of certain contrast dyes.

In most cases contrast dyes used in tests, such as CT (computerized tomography) andangiograms, have no reported problems. About 2 percent of people receiving dyes can develop CIN. However, the risk for CIN can increase for people with diabetes, a history of heart and blood diseases, and chronic kidney disease (CKD). For example, the risk of CIN in people with advanced CKD (glomerular filtration rate (GFR) below 30 mL/min/1.73m2), increases to 30 to 40 percent. The risk of CIN in people with both CKD and diabetes is 20 to 50 percent. Contrast-induced nephropathy (CIN) is the third leading cause of hospital acquired acute kidney injury and identifiable cause of iatrogenic acute kidney injury

No Change	**N14 Drug- and heavy-metal-induced tubulo-interstitial and tubular conditions**
No Change	**N14.1 Nephropathy induced by other drugs, medicaments and biological substances**
Add	**N14.11 Contrast-induced nephropathy**
Add	Contrast medium, radiography nephropathy
Add	**Excludes2:** acute kidney failure (N17.-)
Add	**N14.19 Nephropathy induced by other drugs, medicaments and biological substances**

New Codes by Concept

Diseases of the Genitourinary System

Endometriosis

Endometriosis is an often painful disorder in which tissue similar to the tissue that normally lines the inside of the uterus, the endometrium, grows outside the uterus. Endometriosis most commonly involves the ovaries, fallopian tubes and the tissue lining the pelvis. The primary symptom of endometriosis is pelvic pain, often associated with menstrual periods. Although many experience cramping during their menstrual periods, those with endometriosis typically describe menstrual pain that's far worse than usual. Pain usually increases over time.

• Superficial endometriosis: Ectopic growth of endometrial-like tissue that extends 5mm or less below the peritoneal surface. Lesions can vary in number (singular or in multiple locations).
• Deeply infiltrating endometriosis: Ectopic growth of endometrial-like tissue that extends greater than 5mm below the peritoneal surface. Lesions can vary in number (singular or in multiple locations). These lesions are commonly associated with deep fibrosis and adhesions.

Current ICD-10 codes for endometriosis do not provide details in terms of laterality, location, depth of invasion, volume of disease and specific organ(s) involved. The addition and use of these proposed codes to specifically describe the type and location of endometriosis will have direct implications on disease management and clinical outcomes. ACOG and AAGL request the N80 to be expanded to provide additional specificity for appropriate diagnosis coding and to assist in measuring the incidence of these specific conditions. This will enable better tracking, measurement, and ultimately treatment for endometriosis.

No Change	**N80.0 Endometriosis of uterus**
Delete	Adenomyosis
Add	Endometriosis of the cervix
Add	**N80.00 Endometriosis of the uterus, unspecified**
No Change	**N80.1 Endometriosis of ovary**
Add	**N80.10 Endometriosis of ovary, unspecified depth**
Add	**N80.101 Endometriosis of right ovary, unspecified depth**
Add	**N80.102 Endometriosis of left ovary, unspecified depth**
Add	**N80.103 Endometriosis of bilateral ovaries, unspecified depth**
Add	**N80.109 Endometriosis of ovary, unspecified side, unspecified depth**
Add	Endometriosis of ovary NOS
Add	**N80.11 Superficial endometriosis of the ovary**
Add	**N80.111 Superficial endometriosis of right ovary**
Add	**N80.112 Superficial endometriosis of left ovary**
Add	**N80.113 Superficial endometriosis of bilateral ovaries**
Add	**N80.119 Superficial endometriosis of ovary, unspecified ovary**
Add	**N80.12 Deep endometriosis of ovary**
Add	Deep ovarian endometriosis
Add	Endometrioma
Add	**N80.121 Deep endometriosis of right ovary**
Add	**N80.122 Deep endometriosis of left ovary**
Add	**N80.123 Deep endometriosis of bilateral ovaries**
Add	**N80.129 Deep endometriosis of ovary, unspecified ovary**

New Codes by Concept

Pregnancy, Childbirth, and the puerperium

Fetal Anomalies

The Society for Maternal Fetal Medicine (SMFM) and the American College of Obstetricians and Gynecologists (ACOG) are requesting that the O35 code sections for fetal anomalies (e.g. Central Nervous System Anomalies (CNS), Chromosomal Anomalies, and Fetal Abnormalities and Damage), be expanded to provide additional specificity for appropriate diagnosis coding and to assist in measuring the incidence of these specific anomalies, which is valuable from a public health perspective. This proposal will enable better tracking, measurement, and ultimately improved treatment modalities for identified fetal anomalies.

No Change	**O35 Maternal care for known or suspected fetal abnormality and damage**
No Change	**O35.0 Maternal care for (suspected) central nervous system malformation in fetus**
Delete	Maternal care for fetal anencephaly
Delete	Maternal care for fetal hydrocephalus
Delete	Maternal care for fetal spina bifida
No Change	**Excludes2:**
Revise from	chromosomal abnormality in fetus (O35.1)
Revise to	chromosomal abnormality in fetus (O35.1-)
Add	**O35.00 Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified**
Add	**O35.01 Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum**
Add	**O35.02 Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly**
Add	**O35.03 Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts**
Add	**O35.04 Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele**
Add	**O35.05 Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly**
Add	**O35.06 Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly**
Add	Maternal care for fetal hydrocephalus
Add	**O35.07 Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly**
Add	**O35.08 Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida**
Add	**O35.09 Maternal care for (suspected) other central nervous system malformation or damage in fetus**
No Change	**O35.1 Maternal care for (suspected) chromosomal abnormality in fetus**
Add	**O35.10 Maternal care for (suspected) chromosomal abnormality in fetus, unspecified**
Add	**O35.11 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 13**
Add	**O35.12 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 18**
Add	**O35.13 Maternal care for (suspected) chromosomal abnormality in fetus, Trisomy 21**
Add	**O35.14 Maternal care for (suspected) chromosomal abnormality in fetus, Turner Syndrome**
Add	**O35.15 Maternal care for (suspected) chromosomal abnormality in fetus, sex chromosome abnormality**

New Codes by Concept

Conditions originating in the perinatal period

Apnea of Newborn

TYPES OF APNEA

- On the basis of respiratory effort and airflow, apnea may be classified as
  - **Central** (cessation of breathing effort)
  - **Obstructive** (airflow obstruction usually at the pharyngeal level)
  - **Mixed** (a central apnea that is directly followed by an obstructive apnea)
  - **Apnea of prematurity** (developmental disorder caused by immaturity of neurologic and/or mechanical function of the respiratory system)

No Change	**P28.3 Primary sleep apnea of newborn**
Delete	Central sleep apnea of newborn
Delete	Obstructive sleep apnea of newborn
Add	**Excludes2:** other apnea of newborn (P28.4-)
Add	**P28.30 Primary sleep apnea of newborn, unspecified**
Add	Transient oxygen desaturation spells of newborn during sleep
Add	**P28.31 Primary central sleep apnea of newborn**
Add	**P28.32 Primary obstructive sleep apnea of newborn**
Add	**P28.33 Primary mixed sleep apnea of newborn**
Add	**P28.39 Other primary sleep apnea of newborn**
No Change	**P28.4 Other apnea of newborn**
Delete	Apnea of prematurity
Delete	Obstructive apnea of newborn
Delete	**Excludes1:** obstructive sleep apnea of newborn (P28.3)
Add	**Excludes2:** primary sleep apnea of newborn (P28.3-)
Add	**P28.40 Unspecified apnea of newborn**
Add	Apnea of newborn, NOS
Add	Transient oxygen desaturation spells of newborn
Add	**P28.41 Central neonatal apnea of newborn**
Add	**P28.42 Obstructive apnea of newborn**
Add	**P28.43 Mixed neonatal apnea of newborn**
Add	**P28.49 Other apnea of newborn**
Add	Apnea of prematurity

New Codes by Concept

Congenital Malformations

Atrial Septal and Atrioventricular Septal Defect

Problem

- Both codes are non-specific
  - Multiple birth defects captured under same code
  - Conditions have different clinical implications, severity, and treatments
    - E.g., Atrial Septal Defect (ASD) vs. Patent Foramen Ovale (PFO)
  - Passive registries that rely solely on ICD-10 codes have limited to no means to differentiate between conditions
  - Active registries that use ICD codes to flag records to review are burdened with reviewing numerous records for non-reportable conditions (e.g., PFO)
  - Inability to utilize administrative data for research purposes on specific defects

No Change	**Q21 Congenital malformations of cardiac septa**
No Change	**Q21.1 Atrial septal defect**
Delete	Coronary sinus defect
Delete	Patent or persistent foramen ovale
Delete	Patent or persistent ostium secundum defect (type II)
Delete	Patent or persistent sinus venosus defect
Add	Excludes 2: ostium primum atrial septal defect (type I) (Q21.20)
Add	**Q21.10 Atrial septal defect, unspecified**
Add	**Q21.11 Secundum atrial septal defect**
Add	Fenestrated atrial septum
Add	Patent or persistent ostium secundum defect (type II)
Add	**Q21.12 Patent foramen ovale**
Add	Persistent foramen ovale
Add	**Q21.13 Coronary sinus atrial septal defect**
Add	Coronary sinus defect
Add	Unroofed coronary sinus
Add	**Q21.14 Superior sinus venosus atrial septal defect**
Add	Superior vena cava type atrial septal defect
Add	**Q21.15 Inferior sinus venosus atrial septal defect**
Add	Inferior vena cava type atrial septal defect
Add	**Q21.16 Sinus venosus atrial septal defect, unspecified**
Add	Sinus venosus defect, NOS
Add	**Q21.19 Other specified atrial septal defect**
Add	Common atrium
Add	Other specified atrial septal abnormality
No Change	**Q21.2 Atrioventricular septal defect**
Delete	Common atrioventricular canal
Add	Atrioventricular canal defect
Add	**Q21.20 Atrioventricular septal defect, unspecified as to partial or complete**
Add	Atrioventricular canal, NOS
Add	Endocardial cushion defect NOS
Add	Ostium primum atrial septal defect (type I) NOS
Add	**Q21.21 Partial atrioventricular septal defect**
Add	Incomplete atrioventricular canal
Add	Incomplete atrioventricular septal defect
Add	Incomplete endocardial cushion defect
Add	Ostium primum atrial septal defect (type I) with separate atrioventricular valves
Add	Partial atrioventricular canal
Add	Partial endocardial cushion defect
Add	**Q21.22 Transitional atrioventricular septal defect**
Add	Intermediate atrioventricular canal
Add	Intermediate atrioventricular septal defect
Add	Intermediate endocardial cushion defect

New Codes by Concept

Injury, poisoning and certain other consequences of external causes

Intracranial Injury with Unknown Loss of Consciousness

Often patients will present with injuries that are coded to S06, Intracranial Injury, who present
without a clear history of loss of consciousness (LOC). The current default, “with loss of consciousness of unspecified duration” implies the patient had a LOC, which may not be the
case.

In order to better track this group of patients, the American Academy of Pediatrics (AAP) proposes adding a unique code to code category S06, Intracranial Injury for patients in which it is unclear whether there was an actual loss of consciousness or not.

No Change	**S06.0 Concussion**
No Change	**Excludes1:**
Revise from	concussion with other intracranial injuries classified in subcategories S06.1- to S06.6- , S06.81- and S06.82- code to specified intracranial injury
Revise to	concussion with other intracranial injuries classified in subcategories S06.1- to S06.6-, and S06.81- to S06.89-, code to specified intracranial injury
No Change	**S06.0X Concussion**
No Change	**S06.0X1 Concussion with loss of consciousness of 30 minutes or less**
Add	Concussion with brief loss of consciousness
Add	**S06.0XA Concussion with loss of consciousness status unknown**
Add	Concussion NOS
No Change	**S06.0X9 Concussion with loss of consciousness of unspecified duration**
Delete	Concussion NOS
No Change	**S06.1 Traumatic cerebral edema**
No Change	**S06.1X Traumatic cerebral edema**
No Change	**S06.1X1 Traumatic cerebral edema with loss of consciousness of 30 minutes or less**
Add	Traumatic cerebral edema with brief loss of consciousness
Add	**S06.1XA Traumatic cerebral edema with loss of consciousness status unknown**
Add	Traumatic cerebral edema NOS
No Change	**S06.1X9 Traumatic cerebral edema with loss of consciousness of unspecified duration**
Delete	Traumatic cerebral edema NOS
No Change	**S06.2 Diffuse traumatic brain injury**
No Change	**S06.2X Diffuse traumatic brain injury**
No Change	**S06.2X1 Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less**
Add	Diffuse traumatic brain injury with brief loss of consciousness
Add	**S06.2XA Diffuse traumatic brain injury with loss of consciousness status unknown**
Add	Diffuse traumatic brain injury NOS
No Change	**S06.2X9 Diffuse traumatic brain injury with loss of consciousness of unspecified duration**
Delete	Diffuse traumatic brain injury NOS

New Codes by Concept

Injury, poisoning and certain other consequences of external causes

Poisoning, adverse effect, and underdosing by methamphetamines

In summary, Currently, poisoning by, adverse effect of and underdosing of methamphetamine is classified under ICD-10-CM T43.62, Poisoning by, adverse effect of and underdosing of amphetamines. T43.62 is not specific to methamphetamine. Grouping methamphetamine with other amphetamines, such as prescription dextroamphetamine/amphetamine, results in difficulty tracking methamphetamine specifically. They mentioned during the presentation there is only one legal drug used to treat ADHD/Narcolepsy that actually contains methamphetamine (Desoxyn) but is rarely prescribed.

Given the current trends related to methamphetamine related morbidity and mortality in the United States, including the report from CDC that provisional overdose deaths increased 10-fold in 2019

No Change	**Poisoning by, adverse effects of and underdosing of drugs, medicaments and biological substances (T36-T50)**
No Change	**T43 Poisoning by, adverse effect of and underdosing of psychotropic drugs, not elsewhere classified**
No Change	**T43.6 Poisoning by, adverse effect of and underdosing of psychostimulants**
No Change	**T43.62 Poisoning by, adverse effect of and underdosing of amphetamines**
Delete	Poisoning by, adverse effect of and underdosing of methamphetamines
Add	**T43.65 Poisoning by, adverse effect of and underdosing of methamphetamines**
Add	**T43.651 Poisoning by methamphetamines accidental (unintentional)**
Add	Poisoning by methamphetamines NOS
Add	**T43.652 Poisoning by methamphetamines intentional self-harm**
Add	**T43.653 Poisoning by methamphetamines, assault**
Add	**T43.654 Poisoning by methamphetamines, undetermined**
Add	**T43.655 Adverse effect of methamphetamines**
Add	**T43.656 Underdosing of methamphetamines**

New Codes by Concept

Factors influencing health status and contact with health services

Encounter for observation for suspected conditions related to home physiologic monitoring device ruled out

As many of these babies will go home with monitoring devices after discharge from the hospital, it is also important to be able to identify encounters, often times in the acute care setting, when the parent presents with a newborn/infant after their home monitoring device goes off indicating a problem. These devices may vary, but typically detect apnea and bradycardia. After exam and review of the data, it is then discovered that there is nothing wrong with the baby. At that time there is no diagnosis to be made other than this was an observation after the home physiologic monitoring device went off, with no clinical findings.

No Change	**Z03 Encounter for medical observation for suspected diseases and conditions ruled out**
No Change	**Z03.8 Encounter for observation for other suspected diseases and conditions ruled out**
Add	**Z03.83 Encounter for observation for suspected conditions related to home physiologic monitoring device ruled out**
Add	Encounter for observation for apnea alarm without findings
Add	Encounter for observation for bradycardia alarm without findings
Add	Encounter for observation for malfunction of home cardiorespiratory monitor
Add	Encounter for observation for non-specific findings home physiologic monitoring device
Add	Encounter for observation for pulse oximeter alarm without findings
Add	**Excludes1:** apnea NOS (R06.81)
Add	neonatal bradycardia (P29.12)
Add	newborn apnea (P28.4-)
Add	primary sleep apnea of newborn (P28.3-)
Add	sleep apnea (G47.3-)

New Codes by Concept

Factors influencing health status and contact with health services

Persons with potential health hazards related to socioeconomic and psychosocial circumstances

No Change	**Z59.8 Other problems related to housing and economic circumstances**
Add	**Z59.82 Transportation insecurity**
Add	Excessive transportation time
Add	Inaccessible transportation
Add	Inadequate transportation
Add	Lack of transportation
Add	Unaffordable transportation
Add	Unreliable transportation
Add	Unsafe transportation
Add	**Z59.86 Financial insecurity**
Add	Bankruptcy
Add	Burdensome debt
Add	Economic strain
Add	Financial strain
Add	Money problems
Add	Running out of money
Add	Unable to make ends meet
Add	**Excludes2:** extreme poverty (Z59.5)
Add	low income (Z59.6)
Add	material hardship, not elsewhere classified (Z59.87)
Add	**Z59.87 Material hardship**
Add	Material deprivation
Add	Unable to obtain adequate childcare
Add	Unable to obtain adequate clothing
Add	Unable to obtain adequate utilities
Add	Unable to obtain basic needs
Add	**Excludes2:** extreme poverty (Z59.5)
Add	financial insecurity, not elsewhere classified (Z59.86)
Add	low income (Z59.6)

New Codes by Concept

Factors influencing health status and contact with health services

Personal history of noncompliance

No Change	**Z91 Personal risk factors, not elsewhere classified**
No Change	**Excludes2:**
No Change	**Z91.1 Patient's noncompliance with medical treatment and regimen**
Add	Excludes 2: caregiver noncompliance with patient's medical treatment and regimen (Z91.A-)
No Change	**Z91.11 Patient's noncompliance with dietary regimen**
Add	**Code also**, if applicable, food insecurity (Z59.4-)
Add	**Z91.110 Patient's noncompliance with dietary regimen due to financial hardship**
Add	**Z91.118 Patient's noncompliance with dietary regimen for other reason**
Add	Inability to comply with dietary regimen
Add	**Z91.119 Patient's noncompliance with dietary regimen due to unspecified reason**
No Change	**Z91.19 Patient's noncompliance with other medical treatment and regimen**
Revise from	Nonadherence to medical treatment
Revise to	Patient's nonadherence to medical treatment
Add	**Z91.190 Patient's noncompliance with other medical treatment and regimen due to financial hardship**
Add	**Z91.198 Patient's noncompliance with other medical treatment and regimen for other reason**
Add	**Z91.199 Patient's noncompliance with other medical treatment and regimen due to unspecified reason**
Add	**Z91.A Caregiver's noncompliance with patient's medical treatment and regimen**

New Codes by Concept

Factors influencing health status and contact with health services

Caregiver’s noncompliance

The American Academy of Pediatrics (AAP) is proposing codes to identify when noncompliance is due to the primary caregiver and not the patient. Under the current code category Z91.1, Patient's personal history of noncompliance with medical treatment and regimen, noncompliance is currently assumed to be due to the patient’s action or lack thereof. Unfortunately, the code also appears to place the responsibility of non-compliance on those who may not have any direct control, because someone else cares for them, including children, the elderly and the disabled. A unique set of codes is needed to better track these circumstances.

Add	**Z91.A1 Caregiver's noncompliance with patient's dietary regimen**
Add	Caregiver's inability to comply with patient's dietary regimen
Add	**Code also**, if applicable, food insecurity (Z59.4-)
Add	**Z91.A10 Caregiver's noncompliance with patient's dietary regimen due to financial hardship**
Add	**Z91.A18 Caregiver's noncompliance with patient's dietary regimen for other reason**
Add	**Z91.A2 Caregiver's intentional underdosing of patient's medication regimen**
Add	**Code first** underdosing of medication (T36-T50) with fifth or sixth character 6
Add	**Z91.A20 Caregiver's intentional underdosing of patient's medication regimen due to financial hardship**
Add	**Z91.A28 Caregiver's intentional underdosing of medication regimen for other reason**
Add	**Z91.A3 Caregiver's unintentional underdosing of patient's medication regimen**
Add	**Code first** underdosing of medication (T36-T50) with fifth or sixth character 6
Add	**Z91.A4 Caregiver's other noncompliance with patient's medication regimen**
Add	Caregiver's underdosing of patient's medication NOS
Add	**Z91.A5 Caregiver's noncompliance with patient's renal dialysis**
Add	**Z91.A9 Caregiver's noncompliance with patient's other medical treatment and regimen**
Add	Caregiver's nonadherence to patient's medical treatment

New Codes by Concept

Factors influencing health status and contact with health services

Long term (current) drug therapy (Cont.)

The number and types of medications that patients are taking daily seems to be increasing almost exponentially. Some of these medications carry longer term risks and should be identified so they can be more closely monitored and tracked.

Currently there is a subcategory of Z79.8, Other long term (current) drug therapy, which does identify certain long term (current) drug therapy medications. The American Academy of Pediatrics (AAP) is requesting expansion of this code set to capture more of these medications to better identify and monitor the risk and long term outcomes.

Add	**Z79.621 Long term (current) use of calcineurin inhibitor**
Add	Long term (current) use of cyclosporine
Add	Long term (current) use of tacrolimus
Add	**Z79.622 Long term (current) use of Janus kinase inhibitor**
Add	Long term (current) use of tofacitinib
Add	**Z79.623 Long term (current) use of mammalian target of rapamycin (mTOR) inhibitor**
Add	Long term (current) use of sirolimus
Add	**Z79.624 Long term (current) use of inhibitors of nucleotide synthesis**
Add	Long term (current) use of azathioprine
Add	Long term (current) use omycophenolate
Add	Long term (current) use of purine synthesis (IMDH) inhibitors
Add	**Z79.63 Long term (current) use of chemotherapeutic agent**
Add	**Z79.630 Long term (current) use of alkylating agent**
Add	Long term (current) use of chlorambucil
Add	Long term (current) use of cisplatin
Add	Long term (current) use of cyclophosphamide
Add	**Z79.631 Long term (current) use of antimetabolite agent**
Add	Long term (current) use of 5-fluorouracil
Add	Long term (current) use of 6-mercaptopurine
Add	Long term (current) use of cytarabine
Add	Long term (current) use of methotrexate
Add	**Z79.632 Long term (current) use of antitumor antibiotic**
Add	Long term (current) use of bleomycin
Add	Long term (current) use of doxorubicin
Add	Long term (current) use of mitomycin C
Add	**Z79.633 Long term (current) use of mitotic inhibitor**
Add	Long term (current) use of paclitaxel
Add	Long term (current) use of plant alkaloids
Add	Long term (current) use of vinblastine
Add	Long term (current) use of vincristine
Add	**Z79.634 Long term (current) use of topoisomerase inhibitor**
Add	Long term (current) use of etoposide
Add	Long term (current) use of irinotecan
Add	Long term (current) use of topotecan
Add	**Z79.64 Long term (current) use of myelosuppressive agent**
Add	Long term (current) use of hydroxyurea
Add	**Z79.69 Long term (current) use of other immunomodulators and immunosuppressants**
No Change	**Z79.8 Other long term (current) drug therapy**
No Change	**Z79.84 Long term (current) use of oral hypoglycemic drugs**
Add	**Excludes2:** long-term (current) use of injectable non-insulin antidiabetic drugs (Z79.85)
Add	**Z79.85 Long-term (current) use of injectable non-insulin antidiabetic drugs**
Add	**Excludes2:** long term (current) use of insulin (Z79.4)
Add	long term (current) use of oral hypoglycemic drugs (Z79.84)

New Codes by Concept

Factors influencing health status and contact with health services

Long term (current) drug therapy

The number and types of medications that patients are taking daily seems to be increasing almost exponentially. Some of these medications carry longer term risks and should be identified so they can be more closely monitored and tracked.

Currently there is a subcategory of Z79.8, Other long term (current) drug therapy, which does identify certain long term (current) drug therapy medications. The American Academy of Pediatrics (AAP) is requesting expansion of this code set to capture more of these medications to better identify and monitor the risk and long term outcomes.

No Change	**Z79.4 Long term (current) use of insulin**
Add	**Excludes2:** long-term (current) use of injectable non-insulin antidiabetic drugs (Z79.85)
Add	**Z79.6 Long term (current) use of immunomodulators and immunosuppressants**
Add	**Excludes2:** long term (current) use of steroids (Z79.5-)
Add	long term (current) use of agents affecting estrogen receptors and estrogen levels (Z79.81-)
Add	**Z79.60 Long term (current) use of unspecified immunomodulators and immunosuppressants**
Add	**Z79.61 Long term (current) use of immunomodulator**
Add	Long term (current) use of apremilast
Add	Long term (current) use of immunomodulatory imide drug
Add	Long term (current) use of lenalidomide
Add	Long term (current) use of pomalidomide
Add	**Z79.62 Long term (current) use of immunosuppressant**
Add	**Z79.620 Long term (current) use of immunosuppressive biologic**
Add	Long term (current) use of adalimumab
Add	Long term (current) use of etanercept
Add	Long term (current) use of infliximab
Add	Long term (current) use of monoclonal antibodies

New Codes by Concept

Other Concepts

- **Von Willebrand disease**
- **Activated Phosphoinositide 3-kinase Delta Syndrome (APDS)**
- **Short Stature Due to Endocrine Disorder**
- **PROLONGED GRIEF DISORDER**
- **LIMB GIRDLE MUSCULAR DYSTROPHY**
- **Lumbar and Lumbosacral Intervertebral Annulus Fibrosus Defects**
- **Muscle Wasting and Atrophy of the Back**
- **Slipped Upper Femoral Epiphysis, Stable, Unstable**
- **Fournier disease of vagina and vulva**
- **Isthmocele**
- **PTEN Hamartoma Tumor Syndrome (PHTS)**
- **Primary blast injury of brain**
- **External Cause of morbidity codes for e-bikes**
- **Encounter for pediatric-to-adult transition counseling**
- **Risk of suffocation (smothering) under another while sleeping**
- **Personal History of (Corrected) Congenital Malformations and Personal**
- **History of (Corrected) Certain Conditions Arising in the Perinatal Period**

New Codes by Concept
Proposed Additions to the MCC List

TABLE 6I.1 - PROPOSED ADDITIONS TO THE MCC LIST	
Diagnosis Code	**Description**
D59.30	Hemolytic-uremic syndrome, unspecified
D59.31	Infection-associated hemolytic-uremic syndrome
D59.32	Hereditary hemolytic-uremic syndrome
D59.39	Other hemolytic-uremic syndrome
I71.010	Dissection of ascending aorta
I71.011	Dissection of aortic arch
I71.012	Dissection of descending thoracic aorta
I71.019	Dissection of thoracic aorta, unspecified
I71.10	Thoracic aortic aneurysm, ruptured, unspecified
I71.11	Aneurysm of the ascending aorta, ruptured
I71.12	Aneurysm of the aortic arch, ruptured
I71.13	Aneurysm of the descending thoracic aorta, ruptured
I71.30	Abdominal aortic aneurysm, ruptured, unspecified
I71.31	Pararenal abdominal aortic aneurysm, ruptured
I71.32	Juxtarenal abdominal aortic aneurysm, ruptured
I71.33	Infrarenal abdominal aortic aneurysm, ruptured
I71.50	Thoracoabdominal aortic aneurysm, ruptured, unspecified
I71.51	Supraceliac aneurysm of the abdominal aorta, ruptured
I71.52	Paravisceral aneurysm of the abdominal aorta, ruptured
M96.A4	Flail chest associated with chest compression and cardiopulmonary resuscitation
S06.1XAA	Traumatic cerebral edema with loss of consciousness status unknown, initial encounter
S06.31AA	Contusion and laceration of right cerebrum with loss of consciousness status unknown, initial encounter
S06.32AA	Contusion and laceration of left cerebrum with loss of consciousness status unknown, initial encounter
S06.33AA	Contusion and laceration of cerebrum, unspecified, with loss of consciousness status unknown, initial encounter
S06.34AA	Traumatic hemorrhage of right cerebrum with loss of consciousness status unknown, initial encounter
S06.35AA	Traumatic hemorrhage of left cerebrum with loss of consciousness status unknown, initial encounter
S06.36AA	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness status unknown, initial encounter
S06.37AA	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness status unknown, initial encounter
S06.38AA	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness status unknown, initial encounter
S06.4XAA	Epidural hemorrhage with loss of consciousness status unknown, initial encounter
S06.5XAA	Traumatic subdural hemorrhage with loss of consciousness status unknown, initial encounter
S06.6XAA	Traumatic subarachnoid hemorrhage with loss of consciousness status unknown, initial encounter
S06.8A6A	Primary blast injury of brain, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.8A7A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.8A8A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter

New Codes by Concept
Proposed Additions to the CC List

TABLE 6J.1 - PROPOSED ADDITIONS TO THE CC LIST	
Diagnosis Code	**Description**
D68.00	Von Willebrand disease, unspecified
D68.01	Von Willebrand disease, type 1
D68.020	Von Willebrand disease, type 2A
D68.021	Von Willebrand disease, type 2B
D68.022	Von Willebrand disease, type 2M
D68.023	Von Willebrand disease, type 2N
D68.029	Von Willebrand disease, type 2, unspecified
D68.03	Von Willebrand disease, type 3
D68.04	Acquired von Willebrand disease
D68.09	Other von Willebrand disease
D81.82	Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]
E87.20	Acidosis, unspecified
E87.21	Acute metabolic acidosis
E87.22	Chronic metabolic acidosis
E87.29	Other acidosis
F01.511	Vascular dementia, unspecified severity, with agitation
F01.518	Vascular dementia, unspecified severity, with other behavioral disturbance
F01.52	Vascular dementia, unspecified severity, with psychotic disturbance
F01.53	Vascular dementia, unspecified severity, with mood disturbance
F01.54	Vascular dementia, unspecified severity, with anxiety
F01.A11	Vascular dementia, mild, with agitation
F01.A18	Vascular dementia, mild, with other behavioral disturbance
F01.A2	Vascular dementia, mild, with psychotic disturbance
F01.A3	Vascular dementia, mild, with mood disturbance
F01.A4	Vascular dementia, mild, with anxiety
F01.B11	Vascular dementia, moderate, with agitation
F01.B18	Vascular dementia, moderate, with other behavioral disturbance
F01.B2	Vascular dementia, moderate, with psychotic disturbance
F01.B3	Vascular dementia, moderate, with mood disturbance
F01.B4	Vascular dementia, moderate, with anxiety
F01.C11	Vascular dementia, severe, with agitation
F01.C18	Vascular dementia, severe, with other behavioral disturbance
F01.C2	Vascular dementia, severe, with psychotic disturbance
F01.C3	Vascular dementia, severe, with mood disturbance
F01.C4	Vascular dementia, severe, with anxiety

New Codes by Concept
Proposed Additions to the CC List

TABLE 6J.1 - PROPOSED ADDITIONS TO THE CC LIST	
Diagnosis Code	**Description**
F02.811	Dementia in other diseases classified elsewhere, unspecified severity, with agitation
F02.818	Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance
F02.82	Dementia in other diseases classified elsewhere, unspecified severity, with psychotic disturbance
F02.83	Dementia in other diseases classified elsewhere, unspecified severity, with mood disturbance
F02.84	Dementia in other diseases classified elsewhere, unspecified severity, with anxiety
F02.A11	Dementia in other diseases classified elsewhere, mild, with agitation
F02.A18	Dementia in other diseases classified elsewhere, mild, with other behavioral disturbance
F02.A2	Dementia in other diseases classified elsewhere, mild, with psychotic disturbance
F02.A3	Dementia in other diseases classified elsewhere, mild, with mood disturbance
F02.A4	Dementia in other diseases classified elsewhere, mild, with anxiety
F02.B11	Dementia in other diseases classified elsewhere, moderate, with agitation
F02.B18	Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance
F02.B2	Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance
F02.B3	Dementia in other diseases classified elsewhere, moderate, with mood disturbance
F02.B4	Dementia in other diseases classified elsewhere, moderate, with anxiety
F02.C11	Dementia in other diseases classified elsewhere, severe, with agitation
F02.C18	Dementia in other diseases classified elsewhere, severe, with other behavioral disturbance
F02.C2	Dementia in other diseases classified elsewhere, severe, with psychotic disturbance
F02.C3	Dementia in other diseases classified elsewhere, severe, with mood disturbance
F02.C4	Dementia in other diseases classified elsewhere, severe, with anxiety
F03.911	Unspecified dementia, unspecified severity, with agitation
F03.918	Unspecified dementia, unspecified severity, with other behavioral disturbance
F03.92	Unspecified dementia, unspecified severity, with psychotic disturbance
F03.93	Unspecified dementia, unspecified severity, with mood disturbance
F03.94	Unspecified dementia, unspecified severity, with anxiety
F03.A11	Unspecified dementia, mild, with agitation
F03.A18	Unspecified dementia, mild, with other behavioral disturbance
F03.A2	Unspecified dementia, mild, with psychotic disturbance
F03.A3	Unspecified dementia, mild, with mood disturbance
F03.A4	Unspecified dementia, mild, with anxiety
F03.B11	Unspecified dementia, moderate, with agitation
F03.B18	Unspecified dementia, moderate, with other behavioral disturbance
F03.B2	Unspecified dementia, moderate, with psychotic disturbance
F03.B3	Unspecified dementia, moderate, with mood disturbance
F03.B4	Unspecified dementia, moderate, with anxiety
F03.C11	Unspecified dementia, severe, with agitation
F03.C18	Unspecified dementia, severe, with other behavioral disturbance
F03.C2	Unspecified dementia, severe, with psychotic disturbance
F03.C3	Unspecified dementia, severe, with mood disturbance
F03.C4	Unspecified dementia, severe, with anxiety
F06.71	Mild neurocognitive disorder due to known physiological condition with behavioral disturbance

New Codes by Concept
Proposed Additions to the CC List

TABLE 6J.1 - PROPOSED ADDITIONS TO THE CC LIST	
Diagnosis Code	**Description**
I20.2	Refractory angina pectoris
I25.112	Atherosclerosic heart disease of native coronary artery with refractory angina pectoris
I25.702	Atherosclerosis of coronary artery bypass graft(s), unspecified, with refractory angina pectoris
I25.712	Atherosclerosis of autologous vein coronary artery bypass graft(s) with refractory angina pectoris
I25.722	Atherosclerosis of autologous artery coronary artery bypass graft(s) with refractory angina pectoris
I25.732	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with refractory angina pectoris
I25.752	Atherosclerosis of native coronary artery of transplanted heart with refractory angina pectoris
I25.762	Atherosclerosis of bypass graft of coronary artery of transplanted heart with refractory angina pectoris
I25.792	Atherosclerosis of other coronary artery bypass graft(s) with refractory angina pectoris
I31.31	Malignant pericardial effusion in diseases classified elsewhere
I31.39	Other pericardial effusion (noninflammatory)
I47.20	Ventricular tachycardia, unspecified
I47.21	Torsades de pointes
I47.29	Other ventricular tachycardia
J95.87	Transfusion-associated dyspnea (TAD)
M96.A1	Fracture of sternum associated with chest compression and cardiopulmonary resuscitation
M96.A2	Fracture of one rib associated with chest compression and cardiopulmonary resuscitation
M96.A3	Multiple fractures of ribs associated with chest compression and cardiopulmonary resuscitation
M96.A9	Other fracture associated with chest compression and cardiopulmonary resuscitation
P28.30	Primary sleep apnea of newborn, unspecified
P28.31	Primary central sleep apnea of newborn
P28.32	Primary obstructive sleep apnea of newborn
P28.33	Primary mixed sleep apnea of newborn
P28.39	Other primary sleep apnea of newborn
P28.40	Unspecified apnea of newborn
P28.41	Central neonatal apnea of newborn
P28.42	Obstructive apnea of newborn
P28.43	Mixed neonatal apnea of newborn
P28.49	Other apnea of newborn

New Codes by Concept
Proposed Additions to the CC List

TABLE 6J.1 - PROPOSED ADDITIONS TO THE CC LIST	
Diagnosis Code	**Description**
Q21.10	Atrial septal defect, unspecified
Q21.11	Secundum atrial septal defect
Q21.12	Patent foramen ovale
Q21.13	Coronary sinus atrial septal defect
Q21.14	Superior sinus venosus atrial septal defect
Q21.15	Inferior sinus venosus atrial septal defect
Q21.16	Sinus venosus atrial septal defect, unspecified
Q21.19	Other specified atrial septal defect
Q21.20	Atrioventricular septal defect, unspecified as to partial or complete
Q21.21	Partial atrioventricular septal defect
Q21.22	Transitional atrioventricular septal defect
Q21.23	Complete atrioventricular septal defect
Q85.81	PTEN tumor syndrome
Q85.82	Other Cowden syndrome
Q85.83	Von Hippel-Lindau syndrome
Q85.89	Other phakomatoses, not elsewhere classified
S06.0XAA	Concussion with loss of consciousness status unknown, initial encounter
S06.2XAA	Diffuse traumatic brain injury with loss of consciousness status unknown, initial encounter
S06.30AA	Unspecified focal traumatic brain injury with loss of consciousness status unknown, initial encounter
S06.81AA	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness status unknown, initial encounter
S06.82AA	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness status unknown, initial encounter
S06.89AA	Other specified intracranial injury with loss of consciousness status unknown, initial encounter
S06.8A0A	Primary blast injury of brain, not elsewhere classified without loss of consciousness, initial encounter
S06.8A1A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 30 minutes or less, initial encounter
S06.8A2A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.8A3A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.8A4A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.8A5A	Primary blast injury of brain, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.8A9A	Primary blast injury of brain, not elsewhere classified with loss of consciousness of unspecified duration, initial encounter
S06.8AAA	Primary blast injury of brain, not elsewhere classified with loss of consciousness status unknown, initial encounter
S06.9XAA	Unspecified intracranial injury with loss of consciousness status unknown, initial encounter

Significant Proposed changes
FY 2023 CM guidelines

New and Updated Conventions and General Guidelines

Section	Description
A19: Code assignment and Clinical Criteria	**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. **If there is conflicting medical record documentation, query the provider.**
B14: Documentation by Clinicians Other than the Patient's Provider	In this context, "clinicians" other than the patient's provider refer to healthcare professionals permitted, based on regulatory or accreditation requirements or internal hospital policies, to document in a patient's official medical record. These exceptions include codes for: • Body Mass Index (BMI) • Depth of non-pressure chronic ulcers • Pressure ulcer stage • Coma scale • NIH stroke scale (NIHSS) • Social determinants of health (SDOH) • Laterality • Blood alcohol level • **Underimmunization status** This information is typically, or may be, documented by other clinicians involved in the care of the patient (e.g., a dietitian often documents the BMI, a nurse often documents the pressure ulcer stages, and an emergency medical technician often documents the coma scale). However, the associated diagnosis (such as overweight, obesity, acute stroke, pressure ulcer, or a condition classifiable to category F10, Alcohol related disorders) must be documented by the patient's provider. If there is conflicting medical record documentation, either from the same clinician or different clinicians, the patient's attending provider should be queried for clarification. The BMI, coma scale, NIHSS, blood alcohol level codes, codes for social determinants of health **and underimmunization status** should only be reported as secondary diagnoses.

New and Updated Conventions and General Guidelines

Section	Description
B16:Documentation of Complications of Care	Code assignment is based on the provider's documentation of the relationship between the condition and the care or procedure, unless otherwise instructed by the classification. The guideline extends to any complications of care, regardless of the chapter the code is located in. It is important to note that not all conditions that occur during or following medical care or surgery are classified as complications. There must be a cause-and-effect relationship between the care provided and the condition, and **the documentation must support that the condition is clinically significant. It is not necessary for the provider to explicitly document the term "complication." For example, if the condition alters the course of the surgery as documented in the operative report, then it would be appropriate to report a complication code.** Query the provider for clarification if the documentation **is not clear as to the relationship between the condition and the care or procedure.**

Section 1: Key for Chapter Specific Guidelines Additions and Revisions

Chapter	Description
Chapter 1: Certain Infectious and Parasitic Diseases	**Selection and sequencing of HIV codes** (a) Patient admitted for HIV-related condition If a patient is admitted for an HIV-related condition, the principal diagnosis should be B20, Human immunodeficiency virus [HIV] disease followed by additional diagnosis codes for all reported HIV-related conditions. **An exception to this guideline is if the reason for admission is hemolytic-uremic syndrome associated with HIV disease. Assign code D59.31, Infection-associated hemolytic-uremic syndrome, followed by code B20, Human immunodeficiency virus [HIV] disease.**
Chapter 1: Certain Infectious and Parasitic Diseases	**HIV managed by antiretroviral medication** If a patient with documented HIV disease, **HIV-related illness or AIDS** is currently managed on antiretroviral medications, assign code B20, Human immunodeficiency virus [HIV] disease. Code Z79.899, Other long term (current) drug therapy, may be assigned as an additional code to identify the long-term (current) use of antiretroviral medications.

Section 1: Key for Chapter Specific Guidelines Additions and Revisions

Chapter	Description
Chapter 1: Certain Infectious and Parasitic Diseases	**Sequencing of severe sepsis** If severe sepsis is present on admission, and meets the definition of principal diagnosis, the underlying systemic infection should be assigned as principal diagnosis followed by the appropriate code from subcategory R65.2 as required by the sequencing rules in the Tabular List. A code from subcategory R65.2 can never be assigned as a principal diagnosis. When severe sepsis develops during an encounter (it was not present on admission), the underlying systemic infection and the appropriate code from subcategory R65.2 should be assigned as secondary diagnoses. Severe sepsis may be present on admission, but the diagnosis may not be confirmed until sometime after admission. If the documentation is not clear whether severe sepsis was present on admission, the provider should be queried. ***For infection-associated hemolytic-uremic syndrome with severe sepsis, see guideline I.C.1.d.9.*** **Sepsis or severe sepsis with a localized infection** If the reason for admission is sepsis or severe sepsis and a localized infection, such as pneumonia or cellulitis, a code(s) for the underlying systemic infection should be assigned first and the code for the localized infection should be assigned as a secondary diagnosis. If the patient has severe sepsis, a code from subcategory R65.2 should also be assigned as a secondary diagnosis. If the patient is admitted with a localized infection, such as pneumonia, and sepsis/severe sepsis doesn't develop until after admission, the localized infection should be assigned first, followed by the appropriate sepsis/severe sepsis codes. ***For hemolytic-uremic syndrome associated with sepsis, see guideline I.C.1.d.9*.**

Section 1: Key for Chapter Specific Guidelines Additions and Revisions

Chapter	Description
Chapter 1: Certain Infectious and Parasitic Diseases	**Hemolytic-uremic syndrome associated with sepsis** **If the reason for admission is hemolytic-uremic syndrome that is associated with sepsis, assign code D59.31, Infection-associated hemolytic-uremic syndrome, as the principal diagnosis. Codes for the underlying systemic infection and any other conditions (such as severe sepsis) should be assigned as secondary diagnoses.**
Chapter 1: Certain Infectious and Parasitic Diseases	**Underimmunization for COVID-19 Status** Code Z28.310, Unvaccinated for COVID-19, may be assigned when the patient has not received a COVID-19 vaccine of any type. Code Z28.311, Partially vaccinated for COVID-19, may be assigned when the patient has been partially vaccinated for COVID-19 as per the recommendations of the Centers for Disease Control and Prevention (CDC) in place at the time of the encounter. For information, visit the CDC's website **https://www.cdc.gov/coronavirus/2019-ncov/vaccines/**. *See Section I.B.14.* ***for underimmunization documentation by clinicians other than patient's provider.***

Section 1: Key for Chapter Specific Guidelines Additions and Revisions

Chapter	Description
Chapter 2: Neoplasms (C00-D49)	**d. Primary malignancy previously excised** When a primary malignancy has been previously excised or eradicated from its site and there is no further treatment directed to that site and there is no evidence of any existing primary malignancy at that site, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy. Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site. The secondary site may be the principal or first-listed diagnosis with the Z85 code used as a secondary code. ***See section I.C.2.t. Secondary malignant neoplasm of lymphoid tissue***.
Chapter 2: Neoplasms (C00-D49)	**t. Secondary malignant neoplasm of lymphoid tissue** **When a malignant neoplasm of lymphoid tissue metastasizes beyond the lymph nodes, a code from categories C81-C85 with a final character "9" should be assigned identifying "extranodal and solid organ sites" rather than a code for the secondary neoplasm of the affected solid organ. For example, for metastasis of B-cell lymphoma to the lung, brain and left adrenal gland, assign code C83.39, Diffuse large B-cell lymphoma, extranodal and solid organ sites.**

Section 1: Key for Chapter Specific Guidelines Additions and Revisions

Chapter	Description
Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)	**Diabetes mellitus and the use of insulin, oral hypoglycemics, and injectable non-insulin drugs (also applies to secondary diabetes)** If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11-, Type 2 diabetes mellitus, should be assigned**. Additional** code**(s)** should be assigned from category Z79 to identify the long-term (current) use of insulin, oral hypoglycemic drugs, **or injectable non-insulin antidiabetic**, **as follows:** If the patient is treated with both oral **hypoglycemic drug**s ~~medications~~ and insulin, both code Z79.4, Long term (current) use of insulin, and code Z79.84, Long term (current) use of oral hypoglycemic drugs, should be assigned If the patient is treated with both insulin and an injectable non-insulin antidiabetic drug, assign codes Z79.4, Long term (current) use of insulin, and ~~Z79.899, Other long term (current) drug therapy.~~ **Z79.85, Long-term (current) use of injectable non-insulin antidiabetic drugs**. If the patient is treated with both oral hypoglycemic drugs and an injectable non-insulin antidiabetic drug, assign codes Z79.84, Long term (current) use of oral hypoglycemic drugs, ~~and Z79.899, Other long term (current) drug therapy.~~ **Z79.85, Long-term (current) use of injectable non-insulin antidiabetic drugs**. Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter.

These changes also apply to all types of diabetes

Section 1: Key for Chapter Specific Guidelines Additions and Revisions

Chapter	Description
Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)	**In Remission** Selection of codes **describing** "in remission" for categories F10-F19, Mental and behavioral disorders due to psychoactive substance use (categories F10-F19 with -.11**,** -.21**, -.91**) requires the provider's clinical judgment **and** are assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting)**,** unless otherwise instructed by the classification. Mild substance use disorders in early or sustained remission are classified to the appropriate codes for substance abuse in remission, and moderate or severe substance use disorders in early or sustained remission are classified to the appropriate codes for substance dependence in remission.
Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)	**d. Dementia** **The ICD-10-CM classifies dementia (categories F01, F02, and F03) on the basis of the etiology and severity (unspecified, mild, moderate or severe). Selection of the appropriate severity level requires the provider's clinical judgment and codes should be assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting), unless otherwise instructed by the classification. If the documentation does not provide information about the severity of the dementia, assign the appropriate code for unspecified severity.** **If a patient is admitted to an inpatient acute care hospital or other inpatient facility setting with dementia at one severity level and it progresses to a higher severity level, assign one code for the highest severity level reported during the stay.**

Section 1: Key for Chapter Specific Guidelines Additions and Revisions

Chapter	Description
Chapter 15: Pregnancy, Childbirth, and the Puerperium (O00-O9A)	**Completed weeks of gestation** **In ICD-10-CM, "completed" weeks of gestation refers to full weeks. For example, if the provider documents gestation at 39 weeks and 6 days, the code for 39 weeks of gestation should be assigned, as the patient has not yet reached 40 completed weeks.**
Chapter 15: Pregnancy, Childbirth, and the Puerperium (O00-O9A)	**4) Hemorrhage following elective abortion** **For hemorrhage post elective abortion, assign code O04.6, Delayed or excessive hemorrhage following (induced) termination of pregnancy. Do not assign code O72.1, Other immediate postpartum hemorrhage, as this code should not be assigned for post abortion conditions. Do not assign code Z33.2, Encounter for elective termination of pregnancy, when the patient experiences a complication post elective abortion.**

Section 1: Key for Chapter Specific Guidelines Additions and Revisions

Chapter	Description
Chapter 16: Certain Conditions Originating in the Perinatal Period (P00-P96)	**Use of Z05 codes** Assign a code from category Z05, Observation and evaluation of newborn for suspected **diseases and** conditions ruled out, to identify those instances when a healthy newborn is evaluated for a suspected condition**/disease** that is determined after study not to be present. Do not use a code from category Z05 when the patient **is documented to have** signs or symptoms of a suspected problem; in such cases code the sign or symptom.

Section 1: Key for Chapter Specific Guidelines Additions and Revisions

Chapter	Description
Chapter 19: Injury, poisoning, and certain other consequences of external causes (S00-T88)	e. Adverse Effects, Poisoning, Underdosing and Toxic Effects (c) **Underdosing** Underdosing refers to taking less of a medication than is prescribed by a provider or a manufacturer's instruction. Discontinuing the use of a prescribed medication on the patient's own initiative (not directed by the patient's provider) is also classified as an underdosing. For underdosing, assign the code from categories T36-T50 (fifth or sixth character "6"). **Documentation of a change in the patient's condition is not required in order to assign an underdosing code. Documentation that the patient is taking less of a medication than is prescribed or discontinued the prescribed medication is sufficient for code assignment.**

Section 1: Key for Chapter Specific Guidelines Additions and Revisions

Chapter	Description
Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)	Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified Note: Code Z71.84, Encounter for health counseling related to travel, is to be used for health risk and safety counseling for future travel purposes. Code Z71.85, Encounter for immunization safety counseling, is to be used for counseling of the patient or caregiver regarding the safety of a vaccine. This code should not be used for the provision of general information regarding risks and potential side effects during routine encounters for the administration of vaccines. **Code Z71.87, Encounter for pediatric-to-adult transition counseling, should be assigned when pediatric-to-adult transition counseling is the sole reason for the encounter or when this counseling is provided in addition to other services, such as treatment of a chronic condition. If both transition counseling and treatment of a medical condition are provided during the same encounter, the code(s) for the medical condition(s) treated and code Z71.87 should be assigned, with sequencing depending on the circumstances of the encounter.**
Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)	Z73 Problems related to life management difficulty **Note: These codes should be assigned only when the documentation specifies that the patient has an associated problem**.

Section 1: Key for Chapter Specific Guidelines Additions and Revisions

Chapter	Description
Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)	**Social Determinants of Health** Codes describing **problems or risk factors related to** social determinants of health (SDOH) should be assigned when this information is documented. **Assign as many SDOH codes as are necessary to describe all of the problems or risk factors. These codes should be assigned only when the documentation specifies that the patient has an associated problem or risk factor. For example, not every individual living alone would be assigned code Z60.2, Problems related to living alone.**

PCS

ICD-10-PCS FY 2023 Version

FY 2023 Update Summary

Change Summary Table

2022 Total	New Codes	Revised Titles	Deleted Codes	2023 Total
78,229	331	0	64	**78,496**

ICD-10-PCS Code FY 2023 Totals, By Section

Medical and Surgical	68,024
Obstetrics	304
Placement	861
Administration	1,257
Measurement and Monitoring	422
Extracorporeal or Systemic Assistance and Performance	51
Extracorporeal or Systemic Therapies	46
Osteopathic	100
Other Procedures	78
Chiropractic	90
Imaging	2,978
Nuclear Medicine	463
Radiation Therapy	2,056
Physical Rehabilitation and Diagnostic Audiology	1,380
Mental Health	30
Substance Abuse Treatment	59
New Technology	297
Total	**78,496**

2023 PCS Guidelines can be found here:
https://www.cms.gov/files/document/2023-official-icd-10-pcs-coding-guidelines.pdf

PCS ADDITIONS

OVER-ARCHING CHANGES:
Device

Infusion Device in Head and Facial Bones-Removal

4 NEW CODES

In the Head and Facial Bones body system of the Medical and Surgical section, add the device value 3 Infusion Device to the root operation tables Removal 0NP and Revision 0NW, for the body part value 0 Skull, to enable capture of removal or revision procedures on a previously inserted infusion device such as the Ommaya reservoir.

Section	**0** Medical and Surgical		
Body System	**N** Head and Facial Bones		
Operation	**P** Removal: Taking out or off a device from a body part		
Body Part	*Approach*	*Device*	*Qualifier*
0 Skull	**0** Open	**0** Drainage Device **ADD 3** Infusion Device **4** Internal Fixation Device **5** External Fixation Device **7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **M** Bone Growth Stimulator **N** Neurostimulator Generator **S** Hearing Device	**Z** No Qualifier
0 Skull	**3** Percutaneous **4** Percutaneous Endoscopic	**0** Drainage Device **ADD 3** Infusion Device **4** Internal Fixation Device **5** External Fixation Device **7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **M** Bone Growth Stimulator **S** Hearing Device	**Z** No Qualifier
0 Skull	**X** External	**0** Drainage Device **ADD 3** Infusion Device **4** Internal Fixation Device **5** External Fixation Device **M** Bone Growth Stimulator **S** Hearing Device	**Z** No Qualifier
B Nasal Bone **W** Facial Bone	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Drainage Device **4** Internal Fixation Device **7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **M** Bone Growth Stimulator	**Z** No Qualifier
B Nasal Bone **W** Facial Bone	**X** External	**0** Drainage Device **4** Internal Fixation Device **M** Bone Growth Stimulator	**Z** No Qualifier

OVER-ARCHING CHANGES:
Device

Infusion Device in Head and Facial Bones-Revision

4 NEW CODES

In the Head and Facial Bones body system of the Medical and Surgical section, add the device value 3 Infusion Device to the root operation tables Removal 0NP and Revision 0NW, for the body part value 0 Skull, to enable capture of removal or revision procedures on a previously inserted infusion device such as the Ommaya reservoir.

Section	**0** Medical and Surgical
Body System	**N** Head and Facial Bones
Operation	**W** Revision: Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device

Body Part	*Approach*	*Device*	*Qualifier*
0 Skull	**0** Open	**0** Drainage Device **ADD 3** Infusion Device **4** Internal Fixation Device **5** External Fixation Device **7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **M** Bone Growth Stimulator **N** Neurostimulator Generator **S** Hearing Device	**Z** No Qualifier
0 Skull	**3** Percutaneous **4** Percutaneous Endoscopic **X** External	**0** Drainage Device **ADD 3** Infusion Device **4** Internal Fixation Device **5** External Fixation Device **7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **M** Bone Growth Stimulator **S** Hearing Device	**Z** No Qualifier
B Nasal Bone **W** Facial Bone	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **X** External	**0** Drainage Device **4** Internal Fixation Device **7** Autologous Tissue Substitute **J** Synthetic Substitute **K** Nonautologous Tissue Substitute **M** Bone Growth Stimulator	**Z** No Qualifier

OVER-ARCHING CHANGES:
Qualifier

Embolization of the Prostatic Arteries

18 New Codes

In the Lower Arteries body system of the Medical and Surgical section, create new qualifier values V Prostatic Artery, Right and W Prostatic Artery, Left, and add to the root operation Occlusion table 04L for the body part values E Internal Iliac Artery, Right and F Internal Iliac Artery, Left. These changes enable capture of detail for procedures such as prostatic artery embolization.

Section	**0**	Medical and Surgical	
Body System	**4**	Lower Arteries	
Operation	**L**	Occlusion: Completely closing an orifice or the lumen of a tubular body part	
E Internal Iliac Artery, Right	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**C** Extraluminal Device **D** Intraluminal Device **Z** No Device	**T** Uterine Artery, Right **V** Prostatic Artery, Right **Z** No Qualifier
F Internal Iliac Artery, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**C** Extraluminal Device **D** Intraluminal Device **Z** No Device	**U** Uterine Artery, Left **W** Prostatic Artery, Left **Z** No Qualifier

Bladder Augmentation

4 New Codes

In the Gastrointestinal body system of the Medical and Surgical section, create new qualifier value B Bladder and add to the root operation Transfer table 0DX for the body part values 8 Small Intestine and E Large Intestine. These changes enable capture of detail for procedures such as bladder augmentation using an isolated segment of small or large intestine that is still connected to its vascular and nervous supply. .

Section	**0** Medical and Surgical
Body System	**D** Gastrointestinal System
Operation	**X** Transfer: Moving, without taking out, all or a portion of a body part to another location to take over the function of all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
6 Stomach	**0** Open **4** Percutaneous Endoscopic	**Z** No Device	**5** Esophagus
8 Small Intestine	**0** Open **4** Percutaneous Endoscopic	**Z** No Device	**5** Esophagus **ADD B** Bladder
E Large Intestine	**0** Open **4** Percutaneous Endoscopic	**Z** No Device	**5** Esophagus **7** Vagina **ADD B** Bladder

Ileal Ureter

6 New Codes

In the Gastrointestinal body system of the Medical and Surgical section, create new qualifier values C Ureter, Right, D Ureter, Left, and F Ureters, Bilateral, and add to the root operation Transfer table 0DX for the body part value 8 Small Intestine. These changes enable capture of detail for procedures such as the ileal ureter procedure that uses an isolated segment of small intestine connected to its vascular and nervous supply to take over the function of part or all of both ureters.

Section	**0** Medical and Surgical
Body System	**D** Gastrointestinal System
Operation	**X** Transfer: Moving, without taking out, all or a portion of a body part to another location to take over the function of all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
6 Stomach	**0** Open **4** Percutaneous Endoscopic	**Z** No Device	**5** Esophagus
8 Small Intestine	**0** Open **4** Percutaneous Endoscopic	**Z** No Device	**5** Esophagus **ADD C** Ureter, Right **ADD D** Ureter, Left **ADD F** Ureters, Bilateral
E Large Intestine	**0** Open **4** Percutaneous Endoscopic	**Z** No Device	**5** Esophagus **7** Vagina

NEW TECHNOLOGY CODES

OVER-ARCHING CHANGES:
New Technology

Pressure-controlled Intermittent Coronary Sinus Occlusion

1 New Code

The introduction of percutaneous coronary interventions, including angioplasty, atherectomy, and coronary artery stents, greatly advanced the treatment of ST-elevation myocardial infarction (STEMI). However, despite optimized stenting techniques, improvements in imaging, and advances in pharmacology, clinical outcomes post-AMI, including mortality rates, have plateaued over the last ten years. In addition, de novo heart failure is diagnosed in about 13% of patients at 30 days and in 20%-30% of patients at one-year post-discharge.1

Section	**X** New Technology		
Body System	**2** Cardiovascular System		
Operation	**A** Assistance: Taking over a portion of a physiological function by extracorporeal means		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD 7 Coronary Sinus	**3** Percutaneous	**ADD 5** Intermittent Coronary Sinus Occlusion	**8** New Technology Group 8

Pressure-controlled intermittent coronary sinus occlusion (PiCSO) is a percutaneous coronary intervention currently performed as an adjunct to coronary artery stenting during treatment of AMI. After the obstructed large coronary artery has been re-opened
by dilation, atherectomy or other techniques and blood flow has been restored, the physician accesses the femoral vein and advances the PiCSO catheter through the inferior vena cava and into the right atrium. The catheter's balloon is then positioned in
the coronary sinus to begin treatment. As the PiCSO catheter cyclically inflates and deflates (for few seconds at a time) within the coronary sinus, controlled by an extracorporeal console, the physician returns to placing the stent through the area of
obstruction that was previously opened in the large coronary artery. The PiCSO catheter continues its cycle of inflation and deflation in the coronary sinus concurrently with stent deployment and for a period afterward, usually totaling between 20 and 90 minutes with an average duration of 30 minutes

Current Coding: There are no unique ICD-10-PCS codes to identify pressure-controlled intermittent coronary sinus occlusion performed as an adjunct to coronary artery stenting for treatment of acute MI. Code the coronary angioplasty and stenting procedure using the appropriate code(s) in table 027, Dilation of Heart and Great Vessels.

The PiCSO® Impulse System was granted a Breakthrough Device designation by the FDA on August 8, 2019 for the treatment of ST-elevated myocardial infarction (STEMI) patients. An IDE clinical study is anticipated to begin in the United States in 2022

OVER-ARCHING CHANGES:
New Technology

Histotripsy of Liver

3 New Code

Hepatocellular carcinoma (HCC) is the most common primary malignancy of the liver, accounting for 70-90% of cases of primary liver cancer. Despite the availability of multiple treatment options, the incidence of HCC in the US has more than tripled since 1980, and the five-year survival rate is at just 17%.

Histotripsy is an alternative therapy to treat liver tissue non-invasively and the requestor states that it may provide benefits to patients due to its unique non-thermal and non-ionizing destructive capabilities without the potential complications seen with conventional therapies such as bleeding, infection, or pain from surgery.

Histotripsy of the liver is an automated external beam therapy that mechanically destroys targeted tissue without incisions, ionizing radiation or heat, through the precise targeting of acoustic cavitation using an image-guided device designed for the local treatment of focal liver tumors

Section	**X** New Technology
Body System	**F** Hepatobiliary System and Pancreas
Operation	**5** Destruction: Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD 0 Liver **ADD 1** Liver, Right Lobe **ADD 2** Liver, Left Lobe	**X** External	**ADD 0** Ultrasound-guided Cavitation	**8** New Technology Group 8

Current Coding: There are currently no unique ICD-10-PCS codes to identify extracorporeal histotripsy of targeted liver tissue using ultrasound-guided cavitation. Code the procedure using the appropriate body part value in table 0F5, Destruction of Hepatobiliary System and Pancreas, with approach value 3 Percutaneous and the qualifier value Z No Qualifier.

Section	**0** Medical and Surgical
Body System	**F** Hepatobiliary System and Pancreas
Operation	**5** Destruction: Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent

Body Part	*Approach*	*Device*	*Qualifier*
0 Liver **1** Liver, Right Lobe **2** Liver, Left Lobe	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**F** Irreversible Electroporation **Z** No Qualifier

OVER-ARCHING CHANGES:
New Technology

Replacement of Meniscus with Synthetic Substitute

4 New Codes

Create new codes in section X table XRR, Replacement of Joints, to identify
replacement of the medial or lateral meniscus of the knee with a synthetic substitute. **In addition,**
add the corresponding new values to tables XSP, Removal of Joints and XSR, Revision of Joints as
shown.

NUsurface® Implant is an implantable, “discoid” anatomic-shaped device that is femoral-conforming due to its manufacture from the combination of Bionate® thermoplastic polycarbonate-urethane (PCU), a biostable medical grade plastic, reinforced for circumferential structural stability with embedded Dyneema Purity® ultra high molecular weight polyethylene fibers. The implant is manufactured using injection molding processes. As a result of its unique polymer materials, and its composite structure and design, the implant is implanted between the femur and tibia without fixation to bone or soft tissues

Section	**X** New Technology
Body System	**R** Joints
Operation	**R** Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD G Knee Joint, Right **ADD H** Knee Joint, Left	**0** Open	**ADD L** Synthetic Substitute, Lateral Meniscus **ADD M** Synthetic Substitute, Medial Meniscus	**8** New Technology Group 8

Section	**X** New Technology
Body System	**R** Joints
Operation	**P** Removal: Taking out or off a device from a body part

Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
ADD G Knee Joint, Right **ADD H** Knee Joint, Left	**0** Open	**ADD L** Synthetic Substitute, Lateral Meniscus **ADD M** Synthetic Substitute, Medial Meniscus	**8** New Technology Group 8

The removal and revision codes did not make it on the list of new PCS codes proposed rule but suspect they will be on the final rule

Current Coding: There are no unique ICD-10-PCS codes for replacement of the medial or lateral meniscus of the knee with a synthetic substitute. Code the meniscus replacement procedure using the appropriate code in table 0SR, Replacement of Lower Joints

Section	**0** Medical and Surgical
Body System	**S** Lower Joints
Operation	**R** Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part

Body Part	*Approach*	*Device*	*Qualifier*
C Knee Joint, Right **D** Knee Joint, Left	**0** Open	**J** Synthetic Substitute	**9** Cemented **A** Uncemented **Z** No Qualifier

OVER-ARCHING CHANGES:
New Technology

Administration of Broad Consortium Microbiota-Based Live Biotherapeutic Suspension

C. difficile is a bacterium that causes diarrhea and colitis, with complications ranging from dehydration and electrolyte imbalance to toxic megacolon, sepsis, and death. C. difficile infection (CDI) is a common healthcare-associated infection and a significant cause of morbidity and mortality, especially among elderly, hospitalized patients.

Standard-of-care antibiotic pharmacotherapy for initial and recurrent episodes of CDI is a predominant risk factor for dysbiosis and is associated with high rates of recurrence.

RBX2660 is a nonantibiotic, live biotherapeutic intended to reduce the recurrence of CDI.21 RBX2660 contains a broad consortium of diverse spore-forming and non-spore-forming bacteria, including Bacteroides, which closely mirror that of the healthy human gut microbiome

The exact mechanism of action for RBX2660 is not fully understood, but it is thought to involve restoration of the composition and diversity of the gut microbiome to suppress C. difficile outgrowth

Section	**X** New Technology		
Body System	**W** Anatomical Regions		
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
Body Part	*Approach*	*Device / Substance / Technology*	*Qualifier*
H Lower GI	**7** Via Natural or Artificial Opening	**ADD X** Broad Consortium Microbiota-based Live Biotherapeutic Suspension	**8** New Technology Group 8

Current Coding: There are no unique ICD-10-PCS codes to describe the rectal administration of RBX2660. Facilities can report the rectal administration of RBX2660 with the following ICD-10-PCS code:

3E0H7GC Introduction of other therapeutic substance into lower GI, via natural or artificial opening

Guideline Changes

New Guideline

B3.19

Detachment procedures of extremities
B3.19
The root operation Detachment contains qualifiers that can be used to specify the level where the extremity was amputated. These qualifiers are dependent on the body part value in the “upper extremities” and “lower extremities” body systems. For procedures involving the detachment of all or part of the upper or lower extremities, the procedure is coded to the body part value that describes the site of the detachment.
Example: An amputation at the proximal portion of the shaft of the tibia and fibula is coded to the Lower leg body part value in the body system Anatomical Regions, Lower Extremities, and the qualifier High is used to specify the level where the extremity was detached.

Qualifiers for the root operation detachment
ICD-10-CM/PCS Coding Clinic, Second Quarter ICD-10 2017
Pages: 3-4 Effective with discharges: May 17, 2017 (Also originally published in the ICD-10 Definition Manual)

*When coding amputation of Hand and Foot, the following definitions are followed:

Complete: Amputation through the carpometacarpal joint of the hand, or through the tarsal-metatarsal joint of the foot.
• Partial: Amputation anywhere along the shaft or head of the metacarpal bone of the hand, or of the metatarsal bone of the foot

The following definitions were developed for the Detachment qualifiers

Body Part	Qualifier	Definition
Upper arm and upper leg	1	High: Amputation at the proximal portion of the shaft of the humerus or femur
	2	Mid: Amputation at the middle portion of the shaft of the humerus or femur
	3	Low: Amputation at the distal portion of the shaft of the humerus or femur
Lower arm and lower leg	1	High: Amputation at the proximal portion of the shaft of the radius/ulna or tibia/fibula
	2	Mid: Amputation at the middle portion of the shaft of the radius/ulna or tibia/fibula
	3	Low: Amputation at the distal portion of the shaft of the radius/ulna or tibia/fibula
Hand and Foot	0	Complete*
	4	Complete 1st Ray
	5	Complete 2nd Ray
	6	Complete 3rd Ray
	7	Complete 4th Ray
	8	Complete 5th Ray
	9	Partial 1st Ray
	B	Partial 2nd Ray
	C	Partial 3rd Ray
	D	Partial 4th Ray
	F	Partial 5th Ray
Thumb, finger, or toe	0	Complete: Amputation at the metacarpophalangeal/metatarsal-phalangeal joint
	1	High: Amputation anywhere along the proximal phalanx
	2	Mid: Amputation through the proximal interphalangeal joint or anywhere along the middle phalanx
	3	Low: Amputation through the distal interphalangeal joint or anywhere along the distal phalanx

Guideline Revision

Curent Coding: See Coding Clinic 1Q 2022 p. 10-12 for clarification

FY 2023 Proposed Change

B4.1c
If a **single vascular procedure** is performed on a continuous section of an **arterial or venous body part**, code the body part value corresponding to the anatomically most proximal (closest to the heart) portion of the **arterial or venous** body part.

Example: A procedure performed on a continuous section of artery from the femoral artery to the external iliac artery with the point of entry at the femoral artery is coded to the external iliac body part. A procedure performed on a continuous section of artery from the femoral artery to the external iliac artery with the point of entry at the external iliac artery is also coded to the external iliac artery body part.

Current Guideline

B4.1c
If a procedure is performed on a continuous section of a **tubular body part**, code the body part value corresponding to the anatomically most proximal (closest to the heart) portion of the **tubular body part**.
Example: A procedure performed on a continuous section of artery from the femoral artery to the external iliac artery with the point of entry at the femoral artery is coded to the external iliac body part. A procedure performed on a continuous section of artery from the femoral artery to the external iliac artery with the point of entry at the external iliac artery is also coded to the external iliac artery body part.

Guideline Revision

FY 2023 Proposed Change

B6.1a

A device is coded only if a device remains after the procedure is completed. If no device remains, the device value No Device is coded. In limited root operations, the classification provides the qualifier values Temporary and Intraoperative, for specific procedures involving clinically significant devices, where the purpose of the device is to be utilized for a brief duration during the procedure or current inpatient stay. If a device that is intended to remain after the procedure is completed requires removal before the end of the operative episode in which it was inserted (for example, the device size is inadequate **or an event documented as a complication occurs**), both the insertion and removal of the device should be coded.

Current Guideline

B6.1a

A device is coded only if a device remains after the procedure is completed. If no device remains, the device value No Device is coded. In limited root operations, the classification provides the qualifier values Temporary and Intraoperative, for specific procedures involving clinically significant devices, where the purpose of the device is to be utilized for a brief duration during the procedure or current inpatient stay. If a device that is intended to remain after the procedure is completed requires removal before the end of the operative episode in which it was inserted (for example, the device size is inadequate **or a complication occurs**), both the insertion and removal of the device should be coded.

References

ICD-10 Coordination and Maintenance Committee Meeting March 9-10, 2021, https://www.cdc.gov/nchs/data/icd/March-2021-proposal-packet-508.pdf

ICD-10 Coordination and Maintenance Committee Meeting September 14-15, 2021, https://www.cdc.gov/nchs/icd/Sept2021-TopicPacket.pdf

ICD-10 Coordination and Maintenance Committee Meeting September 8-9, 2020

ICD-10 Coordination and Maintenance Committee Meeting , ICD-10-PCS Topics, September 14, 2021

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