DATAVANT

ROUNDTABLE 162

FY 2024 GUIDELINE REVIEW AND FINAL RULE HIGHLIGHTS

SCOT NEMCHIK VP AUDITING & EDUCATION

CHANGES TO ICD-10-CM GUIDELINES FOR FY 2024

There are multiple new guidelines for ICD-10-CM for FY 2024

GUIDELINES WITH REFERENCE TO ‘ATTENDING’

FY23 | I.B.13 LATERALITY

…When laterality is not documented by the patient’s provider, code assignment for the affected side may be based on medical record documentation from other clinicians. If there is conflicting medical record documentation regarding the affected side, the patient’s attending provider should be queried for clarification.

FY 24 | I.B.13 LATERALITY

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GUIDELINES WITH REFERENCE TO ‘ATTENDING’

FY23| I.B.14 DOCUMENTATION BY CLINICIAN’S OTHER THAN THE PATIENT’S PROVIDER

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.

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GUIDLINES WITH REFERENCE TO ‘ATTENDING’

FY23 | III. REPORTING ADDITIONAL DIAGNOSES

The following guidelines are to be applied in designating “other diagnoses” when neither the Alphabetic Index nor the Tabular List in ICD-10-CM provide direction. The listing of the diagnoses in the patient record is the responsibility of the attending provider.

FY23 | III.B. Abnormal Findings

If the findings are outside the normal range and the attending provider has ordered other tests to evaluate the condition or prescribed treatment, it is appropriate to ask the provider whether the abnormal finding should be added.

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GUIDELINES ASSOCIATED WITH NEW CODES

FY24 | I.C.1.a.2.j Encounter for HIV Prophylaxis Measures

When a patient is seen for administration of pre-exposure prophylaxis medication for HIV, assign code Z29.81, Encounter for HIV pre-exposure prophylaxis. Pre-exposure prophylaxis (PrEP) is intended to prevent infection in people who are at risk for getting HIV through sex or injection drug use. Any risk factors for HIV should also be coded.

FY24 | I.C.9.a.12 Hypertension, Resistant

Resistant hypertension refers to blood pressure of a patient with hypertension that remains above goal in spite of the use of antihypertensive medications. Assign code I1A.0, Resistant

hypertension, as an additional code when apparent treatment resistant hypertension, treatment resistant hypertension, or true resistant hypertension is documented by the provider. A code for the specific type of existing hypertension is sequenced first, if known.

RESISTANT HYPERTENSION (RH)

Hypertensive diseases (I10-I1A)

Use additional code to identify:
exposure to environmental tobacco smoke (Z77.22)
history of tobacco dependence (Z87.891)
occupational exposure to environmental tobacco smoke (Z57.31)
tobacco dependence (F17.-)
tobacco use (Z72.0)

Excludes1: neonatal hypertension (P29.2)
primary pulmonary hypertension (I27.0)

Excludes2: hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)

I1A Other hypertension

I1A.0 Resistant hypertension
Apparent treatment resistant hypertension
Treatment resistant hypertension
True resistant hypertension

Code first specific type of existing hypertension, if known, such as:
essential hypertension (I10)
secondary hypertension (I15.-)

- Resistant hypertension is defined as blood pressure that remains above 140/90 mmHg despite optimal use of three antihypertensive medications of different classes, including a diuretic

GUIDELINES ASSOCIATED WITH NEW CODES

FY24 | I.C.9.3.6) Myocardial Infarction with Coronary Microvascular Disease

Coronary microvascular dysfunction (CMD) is a condition that impacts the microvasculature by restricting microvascular flow and increasing microvascular resistance. Code I21.B, Myocardial infarction with coronary microvascular dysfunction, is assigned for myocardial infarction with coronary microvascular disease, myocardial infarction with coronary microvascular dysfunction, and myocardial infarction with non-obstructive coronary arteries (MINOCA) with microvascular disease.

CORONARY MICROVASCULAR DYSFUNCTION

I21.B Myocardial infarction with coronary microvascular dysfunction
Myocardial infarction with coronary microvascular disease

I24.8 Other forms of acute ischemic heart disease

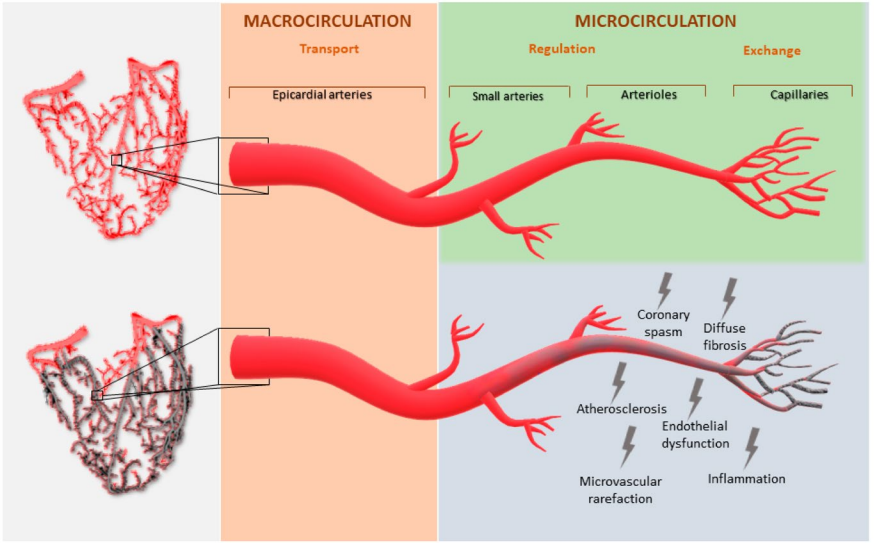
Excludes1: myocardial infarction due to demand ischemia (I21.A1)

I24.81 Acute coronary microvascular dysfunction
Acute (presentation of) coronary microvascular disease

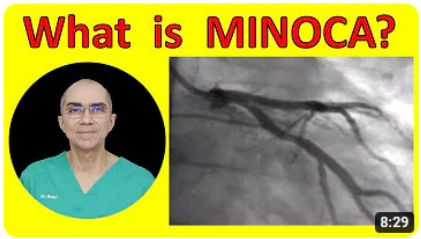
I24.89 Other forms of acute ischemic heart disease

I25.85 Chronic coronary microvascular dysfunction
Chronic (presentation of) coronary microvascular disease
Coronary microvascular dysfunction NOS

I20.81 Angina pectoris with coronary microvascular dysfunction
Angina pectoris with coronary microvascular disease



https://www.mdpi.com/2077-0383/10/9/1848



GREAT VIDEO ON MINOCA

DATAVANT

GUIDELINES ASSOCIATED WITH NEW CODES

FY24 | I.C.18.e. Coma

Code R40.20, Unspecified coma, should be assigned when the underlying cause of the coma is not known, or the cause is a traumatic brain injury, and the coma scale is not documented in the medical record.

Do not report codes for unspecified coma, individual or total Glasgow coma scale scores for a patient with a medically induced coma or a sedated patient.

FY24 | I.C.18.e.1 Coma Scale

The coma scale codes (R40.21- to R40.24-) can be used in conjunction with traumatic brain injury codes. These codes cannot be used with code R40.2A, Nontraumatic coma due to underlying condition. They are primarily for use by trauma registries, but they may be used in any setting where this information is collected. The coma scale codes should be sequenced after the diagnosis code(s).

COMA

Subsequently after the recent coding guideline changes which limits Glasgow coma scale codes to traumatic brain injury (TBI), National Center for Health Statistics received a proposal for the creation of a new ICD-10-CM code for “Coma NEC.”

R40 Somnolence, stupor and coma

Excludes1: neonatal coma (P91.5)
somnolence, stupor and coma in diabetes (E08-E13)
somnolence, stupor and coma in hepatic failure (K72.-)
somnolence, stupor and coma in hypoglycemia (nondiabetic) (E15)

R40.2A Nontraumatic coma due to underlying condition
Secondary coma

Code first underlying condition

GUIDLINE REVISIONS FOR CLARITY

FY23 | I.C.1.d.5.b Sepsis due to a postprocedural infection

For infections following a procedure, a code from T81.40, to T81.43 Infection following a procedure, or a code from O86.00 to O86.03, Infection of obstetric surgical wound, that identifies the site of the infection should be coded first, if known. Assign an additional code for sepsis following a procedure (T81.44) or sepsis following an obstetrical procedure (O86.04). Use an additional code to identify the infectious agent. If the patient has severe sepsis, the appropriate code from subcategory R65.2 should also be assigned with the additional code(s) for any acute organ dysfunction.

FY23 | I.C.1.d.5.b Sepsis due to a postprocedural infection

For sepsis following a postprocedural wound (surgical site) infection, a code from T81.40, to T81.43 Infection following a procedure, or a code from O86.00 to O86.03, Infection of obstetric surgical wound, that identifies the site of the infection should be coded first, if known. Assign an additional code for sepsis following a procedure (T81.44) or sepsis following an obstetrical procedure (O86.04). Use an additional code to identify the infectious agent. If the patient has severe sepsis, the appropriate code from subcategory R65.2 should also be assigned with the additional code(s) for any acute organ dysfunction.

SMALL STUFF

FY23 | Toxic Effects I.C.1.19.e.5.d

When a harmful substance is ingested or comes in contact with a person, this is classified as a toxic effect. The toxic effect codes are in categories T51-T65.

Toxic effect codes have an associated intent: accidental, intentional self-harm, assault and undetermined.

FY24 | Toxic Effects I.C.1.19.e.5.d

When a harmful substance is ingested or comes in contact with a person, this is classified as a toxic effect. The toxic effect codes are in categories T51-T65. When coding a toxic effect, assign the toxic effect code first, followed by codes for all associated manifestations of the toxic effect.

Toxic effect codes have an associated intent: accidental, intentional self-harm, assault and undetermined.

INTERESTING

FY 23 | Section III. Reporting Additional Diagnoses

GENERAL RULES FOR OTHER (ADDITIONAL) DIAGNOSES

For reporting purposes, the definition for “other diagnoses” is interpreted as additional conditions that affect patient care in terms of requiring:

clinical evaluation; or

therapeutic treatment; or

diagnostic procedures; or

extended length of hospital stay; or

increased nursing care and/or monitoring.

FY 24 | Section III. Reporting Additional Diagnoses

GENERAL RULES FOR OTHER (ADDITIONAL) DIAGNOSES

For reporting purposes, the definition for “other diagnoses” is interpreted as additional clinically significant conditions that affect patient care in terms of requiring:

clinical evaluation; or

therapeutic treatment; or

diagnostic procedures; or

extended length of hospital stay; or

increased nursing care and/or monitoring.

CHANGES TO ICD-10-PCS GUIDELINES FOR FY 2024

There are no new guidelines in the 2024 update, but there are two changes, one addition, and one deletion.

GUIDELINE B5.2b

FY23 | Percutaneous endoscopic approach with extension of incision

B5.2b

Procedures performed using the percutaneous endoscopic approach, with incision or extension of an incision to assist in the removal of all or a portion of a body part or to anastomose a tubular body part to complete the procedure, are coded to the approach value Percutaneous Endoscopic.

Examples:

Laparoscopic sigmoid colectomy with extension of stapling port for removal of specimen and direct anastomosis is coded to the approach value percutaneous endoscopic.

Laparoscopic nephrectomy with midline incision for removing the resected kidney is coded to the approach value percutaneous endoscopic.

Robotic-assisted laparoscopic prostatectomy with extension of incision for removal of the resected prostate is coded to the approach value percutaneous endoscopic.

FY24 | Percutaneous endoscopic approach with hand-assistance or extension of incision

B5.2b

Procedures performed using the percutaneous endoscopic approach with hand-assistance, or with an incision or extension of an incision to assist in the removal of all or a portion of a body part, or to anastomose a tubular body part with or without the temporary exteriorization of a body structure, are coded to the approach value Percutaneous Endoscopic.

Same examples as FY23, but added the following:

Hand-assisted laparoscopic sigmoid colon resection with exteriorization of a segment of the colon for removal of specimen with return of colon back into abdominal cavity is coded to the approach value percutaneous endoscopic.

GUIDELINE B6.1.a

FY23 | General guidelines

B6.1.a

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.

FY24 | General guidelines

B5.2b

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NEW CODES BY CONCEPT

NOTABLE ADDITIONS

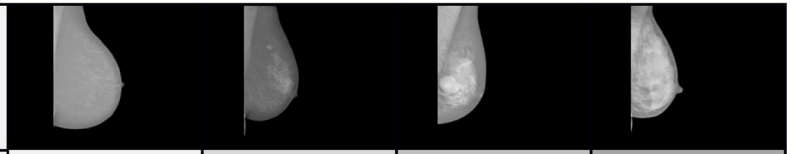
- Foreign Body via Natural Orifice
- Coronary Microvascular Dysfunction
- Age-Related OP with Current Pathological Fracture of Pelvis
- Dense Breasts on Mammography
- Autosomal Dominant Hypocalcemia (ADH)
- Familial adenomatous polyposis
- Acute Appendicitis with Generalized Peritonitis
- Parkinson's Disease with OFF Episodes
- Small Intestinal Overgrowth
- Insulin Resistant Syndrome
- Short Bowel Syndrome and Intestinal Failure
- IgAN Nephropathy
- Membranous Nephropathy
- Chronic Migraine with Aura
- Retroperitoneal Conditions
- Inappropriate Sinus Tachycardia (IST)
- Bronchiolitis Obliterans Syndrome (BOS)
- Resistant Hypertension
- Desmoid Tumors
- Coma Due to Underlying Condition
- Wasting Disease (Syndrome) due to Underlying Condition
- Social Determinants of Health
- Noncompliance

NEW CODES BY CONCEPT

OTHER ADDITIONS

- Eye Muscle Entrapment
- Maltreatment & Neglect
- Craniosynostosis
- Toxic Effect of Gadolinium
- Financial Abuse
- Acinetobacter baumannii
- Sickle Cell Retinopathy
- Foreign Body Sensation
- Sickle Cell with Dactylitis
- Cholestasis of Pregnancy
- Lafora Progressive Myoclonus Epilepsy
- Congenital Malformation Syndromes
- Purine & Pyrimidine Metabolism Disorders
- Other Encephalopathy
- Lung Allograft Dysfunction
- Congenital Malformation of Liver
- Other Degenerative Disease of Nervous System
- Postpartum Acute Kidney Failure
- Encounter for Prophylactic Measures
- Lipid Storage Disorders
- Hereditary Ataxia
- Evaluation of Suspected Condition in Newborn
- Lysosome-associated membrane protein 2 [LAMP2] deficiency
- Shwachman-Diamond Syndrome
- IgG4-related disease
- Autosomal Dominant Leukodystrophy
- Encounter for child welfare exam
- Phelan-McDermid syndrome
- Other Demyelinating Disease of CNS
- Degenerative Disease of Basal Ganglia
- Mitochondrial Metabolism Disorders

DENSE BREASTS ON MAMMOGRAPHY

Example				
Category	BI_RADS I Fatty breast	BI_RADS II Average density	BI_RADS III Heterogeneously dense	BI_RADS IV Extremely dense
Range	0-25%	26-50%	51-75%	75-100%
Relative risk	0.5	1	1.5-1.6	1.8-2.0
Prevalence	10%	42%	40%	7%

https://www.mdpi.com/2075-4418/10/11/988

R92.3 Mammographic density found on imaging of breast

Code also, if applicable, inconclusive mammogram (R92.2)

R92.30 Dense breasts, unspecified
Dense breasts NOS
Low density

R92.31 Mammographic fatty tissue density of breast
Breast Imaging Reporting and Data System (BI-RADS): A

Breast Imaging Reporting and Data System (BI-RADS): 1

R92.311 Mammographic fatty tissue density, right breast

R92.312 Mammographic fatty tissue density, left breast

R92.313 Mammographic fatty tissue density, bilateral breasts

R92.32 Mammographic fibroglandular density of breast
Breast Imaging Reporting and Data System (BI-RADS): B
Breast Imaging Reporting and Data System (BI-RADS): 2

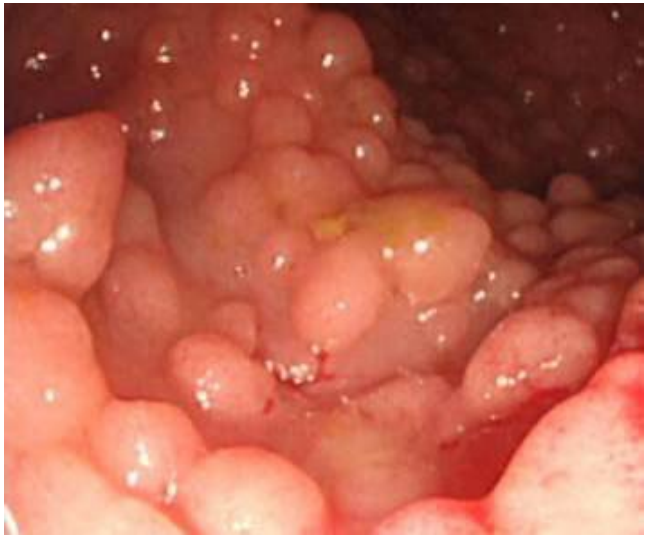
R92.321 Mammographic fibroglandular density, right breast

R92.322 Mammographic fibroglandular density, left breast

R92.323 Mammographic fibroglandular density, bilateral breasts

EXCERPT

FAMILIAL ADENOMATOUS POLYPOSIS



https://step1.medbullets.com/gastrointestinal/109056/familial-adenomatous-polyposis

D13.9 Benign neoplasm of ill-defined sites within the digestive system

D13.91 Familial adenomatous polyposis

Code also associated conditions, such as:
benign neoplasm of colon (D12.6)
malignant neoplasm of colon (C18.-)

D13.99 Benign neoplasm of ill-defined sites within the digestive system
Benign neoplasm of digestive system NOS
Benign neoplasm of intestine NOS
Benign neoplasm of spleen

Z83.71 Family history of colonic polyps

Excludes2: family history of malignant neoplasm of digestive organs (Z80.0)

Z83.710 Family history of adenomatous and serrated polyps
Conditions classifiable to D12.-
Family history of tubular adenoma polyps
Family history of tubulovillous adenoma polyps
Family history of villous adenoma polyps

Z83.711 Family history of hyperplastic colon polyps

Z83.718 Other family history of colon polyps
Family history of inflammatory colon polyps

Z83.719 Family history of colon polyps, unspecified
Family history of colon polyps NOS

ACUTE APPENDICITIS WITH GENERALIZED PERITONITIS

K35.2 Acute appendicitis with generalized peritonitis

K35.20 Acute appendicitis with generalized peritonitis, without abscess

K35.200 Acute appendicitis with generalized peritonitis, without perforation or abscess
(Acute) appendicitis with generalized peritonitis without rupture or perforation of appendix NOS

K35.201 Acute appendicitis with generalized peritonitis, with perforation, without abscess
Appendicitis (acute) with generalized (diffuse) peritonitis following rupture or perforation of appendix NOS

K35.209 Acute appendicitis with generalized peritonitis, without abscess, unspecified as to perforation
(Acute) appendicitis with generalized peritonitis NOS

K35.21 Acute appendicitis with generalized peritonitis, with abscess

K35.210 Acute appendicitis with generalized peritonitis, without perforation, with abscess
(Acute) appendicitis with generalized peritonitis without rupture or perforation of appendix, with abscess

K35.211 Acute appendicitis with generalized peritonitis, with perforation and abscess
Appendicitis (acute) with generalized (diffuse) peritonitis following rupture or perforation of appendix, with abscess

K35.219 Acute appendicitis with generalized peritonitis, with abscess, unspecified as to perforation
(Acute) appendicitis with generalized peritonitis and abscess NOS

- It is possible for appendicitis to present with generalized peritonitis, even without a frank perforation or rupture of the appendix
- Accompanied by MS-DRG changes

GREAT VIDEO ON APPENDICITIS & PERITONITIS

PARKINSON'S DISEASE

- 1.2 million are estimated to have PD by 2030
- Motor fluctuations are inherent to PD and are likely to occur in 50% of patients in 5 years and 100% of patients within 10 years of treatment initiation
- Motor fluctuations are typically described as periods of good motor function (ON state) followed by periods when PD symptoms reemerge (OFF state)

GREAT VIDEO ON OFF EPISODES

G20 Parkinson's disease
Hemiparkinsonism
Idiopathic Parkinsonism or Parkinson's disease
Paralysis agitans
Primary Parkinsonism or Parkinson's disease

Use additional code, if applicable, to identify:
dementia with anxiety (F02.84, F02.A4, F02.B4, F02.C4)
dementia with behavioral disturbance (F02.81-, F02.A1-, F02.B1-, F02.C1-)
dementia with mood disturbance (F02.83, F02.A3, F02.B3, F02.C3)
dementia with psychotic disturbance (F02.82, F02.A2, F02.B2, F02.C2)
dementia without behavioral disturbance (F02.80, F02.A0, F02.B0, F02.C0)
mild neurocognitive disorder due to known physiological condition (F06.7-)

G20.A Parkinson's disease without dyskinesia

G20.A1 Parkinson's disease without dyskinesia, without mention of fluctuations
Parkinson's disease NOS
Parkinson's disease without dyskinesia, without mention of OFF episodes

G20.A2 Parkinson's disease without dyskinesia, with fluctuations
Parkinson's disease without dyskinesia, with OFF episodes

G20.B Parkinson's disease with dyskinesia

Excludes1: drug induced dystonia (G24.0-)

G20.B1 Parkinson's disease with dyskinesia, without mention of fluctuations
Parkinson's disease with dyskinesia, without mention of OFF episodes

G20.B2 Parkinson's disease with dyskinesia, with fluctuations
Parkinson's disease with dyskinesia, with OFF episodes

SMALL INTESTINAL OVERGROWTH

K63.82 Intestinal microbial overgrowth

- **K63.821 Small intestinal bacterial overgrowth**
  - **K63.8211 Small intestinal bacterial overgrowth, hydrogen-subtype**
  - **K63.8212 Small intestinal bacterial overgrowth, hydrogen sulfide-subtype**
  - **K63.8219 Small intestinal bacterial overgrowth, unspecified**
- **K63.822 Small intestinal fungal overgrowth**
- **K63.829 Intestinal methanogen overgrowth, unspecified**

- These diseases result from the overpopulation of bacteria, methanogenic archaea or fungi in the intestines and can lead to debilitating symptoms with significant effect on quality of life
- Currently, there are no codes dedicated to intestinal microbial overgrowth or its subtypes
- Keep an eye out for abbreviations SIBO, SIFO, and IMO

- Commonly-diagnosed through breath tests!

INSULIN RESISTANT SYNDROME

- Other names for metabolic syndrome are: Dysmetabolic syndrome, Hypertriglyceridemic waist, Insulin resistance syndrome, Obesity syndrome or Syndrome X
- Type A and B insulin-resistance syndrome belongs to the group of extreme insulin-resistance syndromes

E88 Other and unspecified metabolic disorders

Use additional codes for associated conditions

Excludes1: histiocytosis X (chronic) (C96.6)

E88.8 Other specified metabolic disorders

E88.81 Metabolic syndrome and other insulin resistance

Use additional codes for associated manifestations, such as:
obesity (E66.-)

E88.810 Metabolic syndrome
Dysmetabolic syndrome

E88.811 Insulin resistance syndrome, Type A

E88.818 Other insulin resistance
Insulin resistance syndrome, Type B

E88.819 Insulin resistance, unspecified

E88.A Wasting disease (syndrome) due to underlying condition
Cachexia due to underlying condition

Code first underlying condition

Excludes1: cachexia NOS (R64)
nutritional marasmus (E41)

Excludes2: failure to thrive (R62.51, R62.7)

RETROPERITONEAL CONDITIONS

K68.2 Retroperitoneal fibrosis

Code also, if applicable, associated obstruction of ureter (N13.5)

K68.3 Retroperitoneal hematoma
Retroperitoneal hemorrhage

- Retroperitoneal fibrosis, or Ormond's Disease, is a rare form of retroperitoneal disease that causes scar-like tissue (fibrosis) over organs in the retroperitoneum. As a progressive disorder, symptoms like pain and low urine output worsen over time

OTHER ICD-10-CM CHANGES FOR FY 2024

FOREIGN BODY VIA NATURAL ORIFICE

W44 Foreign body entering into or through a natural orifice

Excludes2: contact with other sharp objects (W26)
contact with sharp glass (W25)
foreign body or object entering through skin (W45)

The appropriate 7th character is to be added to each code from category W44
A - initial encounter
D - subsequent encounter
S - sequela

W44.A Battery entering into or through a natural orifice

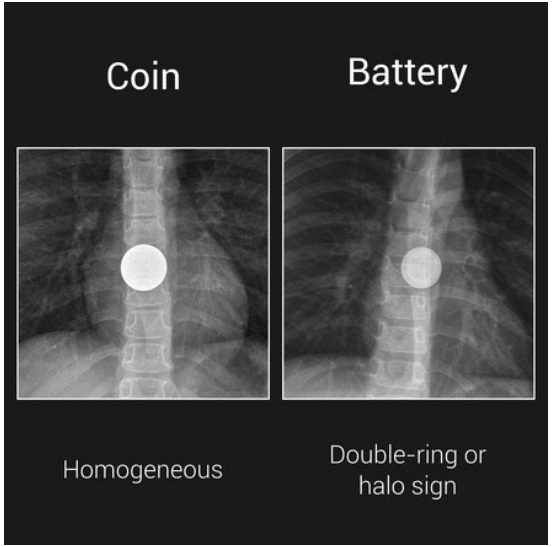
W44.A0 Battery unspecified, entering into or through a natural orifice

W44.A1 Button battery entering into or through a natural orifice

W44.A9 Other batteries entering into or through a natural orifice
Cylindrical battery

EXCERPT

- The majority of ingested foreign bodies (FBs) are low risk objects and can be managed without imaging or intervention
- Button batteries and magnets are high risk objects and require imaging



https://radiopaedia.org/cases/coin-vs-battery

AGE-RELATED OP WITH CURRENT PATHOLOGICAL FRACTURE OF PELVIS

M80.0 Age-related osteoporosis with current pathological fracture
Involutional osteoporosis with current pathological fracture
Osteoporosis NOS with current pathological fracture
Postmenopausal osteoporosis with current pathological fracture
Senile osteoporosis with current pathological fracture

M80.0B Age-related osteoporosis with current pathological fracture, pelvis

M80.0B1 Age-related osteoporosis with current pathological fracture, right pelvis

M80.0B2 Age-related osteoporosis with current pathological fracture, left pelvis

M80.0B9 Age-related osteoporosis with current pathological fracture, unspecified pelvis

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M80.8 Other osteoporosis with current pathological fracture
Drug-induced osteoporosis with current pathological fracture
Idiopathic osteoporosis with current pathological fracture
Osteoporosis of disuse with current pathological fracture
Postoophorectomy osteoporosis with current pathological fracture
Postsurgical malabsorption osteoporosis with current pathological fracture
Post-traumatic osteoporosis with current pathological fracture

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

M80.8B Other osteoporosis with current pathological fracture, pelvis

M80.8B1 Other osteoporosis with current pathological fracture, right pelvis

M80.8B2 Other osteoporosis with current pathological fracture, left pelvis

M80.8B9 Other osteoporosis with current pathological fracture, unspecified pelvis

- Requested by Agency for Healthcare Research and Quality (AHRQ)
- Osteoporosis with pathological fracture of pelvis is currently coded as “osteoporosis with current pathological fracture, femur”.
- Clinically, treatment of an osteoporotic fracture of the pelvis would differ significantly from treatment of an osteoporotic fracture of the femur.

AUTOSOMAL DOMINANT HYPOCALCEMIA (ADH)

E20 Hypoparathyroidism

Excludes1: Di George's syndrome (D82.1)
postprocedural hypoparathyroidism (E89.2)
tetany NOS (R29.0)
transitory neonatal hypoparathyroidism (P71.4)

E20.810 Autosomal dominant hypocalcemia
Autosomal dominant hypocalcemia type 1 (ADH1)
Autosomal dominant hypocalcemia type 2 (ADH2)

Code also, if applicable, any associated conditions, such as:
calculus of kidney (N20.0)
chronic kidney disease (N18.-)
respiratory distress (J80, R06.-)
seizure disorder (G40.-, R56.9)

E20.811 Secondary hypoparathyroidism in diseases classified elsewhere

Code first underlying condition, if known

E20.812 Autoimmune hypoparathyroidism

Code first, if applicable, underlying condition such as:
autoimmune polyglandular failure (E31.0)
Schmidt's syndrome (E31.0)

E20.818 Other specified hypoparathyroidism due to impaired parathyroid hormone secretion
Familial isolated hypoparathyroidism

E20.819 Hypoparathyroidism due to impaired parathyroid hormone secretion, unspecified

E20.89 Other specified hypoparathyroidism
Familial hypoparathyroidism

- Autosomal dominant hypocalcemia (ADH), is a genetic disorder of calcium metabolism mediated by hypoparathyroidism associated with impaired secretion of parathyroid hormone
- Hypercalciuria, is a frequent finding and contributes to formation of the kidney stones and calcifications and the impairment of kidney function.
- Treatment of ADH focuses on addressing hypocalcemia , which can worsen hypercalciuria!

ACUTE APPENDICITIS WITH GENERALIZED PERITONITIS

K35.2 Acute appendicitis with generalized peritonitis

K35.20 Acute appendicitis with generalized peritonitis, without abscess

K35.200 Acute appendicitis with generalized peritonitis, without perforation or abscess
(Acute) appendicitis with generalized peritonitis without rupture or perforation of appendix NOS

K35.201 Acute appendicitis with generalized peritonitis, with perforation, without abscess
Appendicitis (acute) with generalized (diffuse) peritonitis following rupture or perforation of appendix NOS

K35.209 Acute appendicitis with generalized peritonitis, without abscess, unspecified as to perforation
(Acute) appendicitis with generalized peritonitis NOS

K35.21 Acute appendicitis with generalized peritonitis, with abscess

K35.210 Acute appendicitis with generalized peritonitis, without perforation, with abscess
(Acute) appendicitis with generalized peritonitis without rupture or perforation of appendix, with abscess

K35.211 Acute appendicitis with generalized peritonitis, with perforation and abscess
Appendicitis (acute) with generalized (diffuse) peritonitis following rupture or perforation of appendix, with abscess

K35.219 Acute appendicitis with generalized peritonitis, with abscess, unspecified as to perforation
(Acute) appendicitis with generalized peritonitis and abscess NOS

- It is possible for appendicitis to present with generalized peritonitis, even without a frank perforation or rupture of the appendix
- Accompanied by MS-DRG changes

GREAT VIDEO ON APPENDICITIS & PERITONITIS

SHORT BOWEL SYNDROME & INTESTINAL FAILURE

K90.8 Other intestinal malabsorption

K90.82 Short bowel syndrome
Short gut syndrome

K90.821 Short bowel syndrome with colon in continuity
Short bowel syndrome with colonic continuity

K90.822 Short bowel syndrome without colon in continuity
Short bowel syndrome without colonic continuity

K90.829 Short bowel syndrome, unspecified

K90.83 Intestinal failure

https://gastro.org/news/optimize-outcomes-for-patients-with-short-bowel-syndrome/

IMMUNOGLOBULIN A NEPHROPATHY (IgAN)

N02 Recurrent and persistent hematuria

Excludes1: acute cystitis with hematuria (N30.01)
hematuria NOS (R31.9)
hematuria not associated with specified morphologic lesions (R31.-)

N02.B Recurrent and persistent immunoglobulin A nephropathy

N02.B1 Recurrent and persistent immunoglobulin A nephropathy with glomerular lesion

N02.B2 Recurrent and persistent immunoglobulin A nephropathy with focal and segmental glomerular lesion
Recurrent and persistent immunoglobulin A nephropathy with focal and segmental hyalinosis or sclerosis

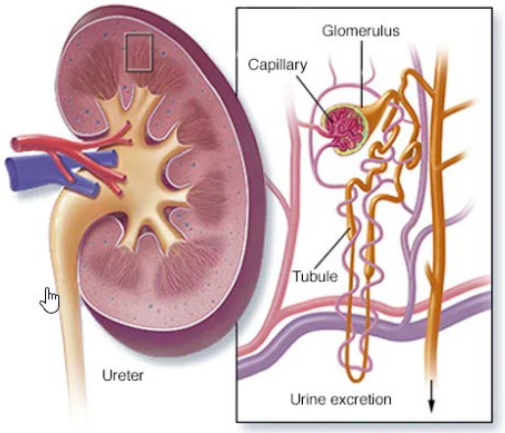
N02.B3 Recurrent and persistent immunoglobulin A nephropathy with diffuse membranoproliferative glomerulonephritis

N02.B4 Recurrent and persistent immunoglobulin A nephropathy with diffuse membranous glomerulonephritis

N02.B5 Recurrent and persistent immunoglobulin A nephropathy with diffuse mesangial proliferative glomerulonephritis

N02.B6 Recurrent and persistent immunoglobulin A nephropathy with diffuse mesangiocapillary glomerulonephritis

- IgA nephropathy is a disease in which IgA protein builds up in and damages the filtering part of the kidney (glomerulus). The damage may cause few or no symptoms. Blood in the urine is the most common symptom. The condition is diagnosed by blood and urine tests



https://www.mayoclinic.org/diseases-conditions/iga-nephropathy/symptoms-causes/syc-20352268

MEMBRANOUS NEPHROPATHY (MN)

N04 Nephrotic syndrome

Includes: congenital nephrotic syndrome
lipoid nephrosis

N04.2 Nephrotic syndrome with diffuse membranous glomerulonephritis

N04.20 Nephrotic syndrome with diffuse membranous glomerulonephritis, unspecified
Membranous nephropathy NOS with nephrotic syndrome

N04.21 Primary membranous nephropathy with nephrotic syndrome
Idiopathic membranous nephropathy with nephrotic syndrome

N04.22 Secondary membranous nephropathy with nephrotic syndrome

Code first, if applicable, other disease or disorder or poisoning causing membranous nephropathy

Use additional code, if applicable, for adverse effect of drug causing membranous nephropathy

N04.29 Other nephrotic syndrome with diffuse membranous glomerulonephritis

- Membranous nephropathy (MN), a common cause of nephrotic syndrome in adults

- Membranous nephropathy (MN), also known as membranous glomerulopathy, is one of the many glomerular diseases causing nephrotic syndrome. It is characterized by massive proteinuria (>3.5 g/day) and clinically presents with peripheral edema, hypertension, frothy urine, and manifestations of thromboembolic phenomena

MEMBRANOUS NEPHROPATHY

N06 Isolated proteinuria with specified morphological lesion

Excludes1: Proteinuria not associated with specific morphologic lesions (R80.0)

N06.2 Isolated proteinuria with diffuse membranous glomerulonephritis

N06.20 Isolated proteinuria with diffuse membranous glomerulonephritis, unspecified
Membranous nephropathy, NOS

Excludes1: membranous nephropathy NOS with nephrotic syndrome (N04.20)

N06.21 Primary membranous nephropathy with isolated proteinuria
Idiopathic membranous nephropathy (with isolated proteinuria)
Primary membranous nephropathy, NOS

Excludes1: primary membranous nephropathy with nephrotic syndrome (N04.21)

N06.22 Secondary membranous nephropathy with isolated proteinuria
Secondary membranous nephropathy, NOS

Code first, if applicable, other disease or disorder or poisoning causing membranous nephropathy

Use additional code, if applicable, for adverse effect of drug causing membranous nephropathy

Excludes1: secondary membranous nephropathy with nephrotic syndrome (N04.22)

N06.29 Other isolated proteinuria with diffuse membranous glomerulonephritis

CHRONIC MIGRAINE WITH AURA

G43 Migraine

Note: the following terms are to be considered equivalent to intractable: pharmacoresistant (pharmacologically resistant), treatment resistant, refractory (medically) and poorly controlled

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

Excludes1: headache NOS (R51.9)
lower half migraine (G44.00)

Excludes2: headache syndromes (G44.-)

G43.E Chronic migraine with aura

Excludes1: migraine with aura (G43.1-)

G43.E0 Chronic migraine with aura, not intractable
Chronic migraine with aura, without refractory migraine

G43.E01 Chronic migraine with aura, not intractable, with status migrainosus

G43.E09 Chronic migraine with aura, not intractable, without status migrainosus
Chronic migraine with aura NOS

G43.E1 Chronic migraine with aura, intractable
Chronic migraine with aura, with refractory migraine

G43.E11 Chronic migraine with aura, intractable, with status migrainosus

G43.E19 Chronic migraine with aura, intractable, without status migrainosus

Chronic Migraine as a headache occurring:

1. On 15 or more days a month,
2. For more than three months,
3. Which, on at least eight days a month has the features of migraine headache.

INAPPROPRIATE SINUS TACHYCARDIA

I47 Paroxysmal tachycardia

Code first tachycardia complicating:
abortion or ectopic or molar pregnancy (O00-O07, O08.8)
obstetric surgery and procedures (O75.4)

Excludes1: tachycardia NOS (R00.0)
sinoauricular tachycardia NOS (R00.0)
sinus [sinusal] tachycardia NOS (R00.0)

I47.1 Supraventricular tachycardia

I47.10 Supraventricular tachycardia, unspecified

I47.11 Inappropriate sinus tachycardia, so stated
IST

I47.19 Other supraventricular tachycardia
Atrial (paroxysmal) tachycardia
Atrioventricular [AV] (paroxysmal) tachycardia
Atrioventricular re-entrant (nodal) tachycardia [AVNRT] [AVRT]
Junctional (paroxysmal) tachycardia
Nodal (paroxysmal) tachycardia

Inappropriate sinus tachycardia (IST) occurs when the heart beats very quickly without a good reason

IST is defined as:

1) Resting heart rate >100 bpm, and
2) An average heart rate of >90 bpm on 24-hour Holter monitoring, the IST prevalence was 1.2%

BRONCHIOLITIS OBLITERANS (SYNDROME) (BOS)

- Bronchiolitis obliterans syndrome is the result of inflammation and scarring following lung transplantation. It is important to note that the similarly named bronchiolitis obliterans organizing pneumonia (BOOP), now referred to as Cryptogenic Organizing Pneumonia (COP), is a completely different disease

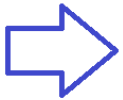
J44 Other chronic obstructive pulmonary disease

Includes: asthma with chronic obstructive pulmonary disease
chronic asthmatic (obstructive) bronchitis
chronic bronchitis with airway obstruction
chronic bronchitis with emphysema
chronic emphysematous bronchitis
chronic obstructive asthma
chronic obstructive bronchitis
chronic obstructive tracheobronchitis

Code also type of asthma, if applicable (J45.-)

Excludes1: chronic bronchitis NOS (J42)
chronic simple and mucopurulent bronchitis (J41.-)
chronic tracheitis (J42)
chronic tracheobronchitis (J42)

Excludes2: bronchiectasis (J47.-)
emphysema without chronic bronchitis (J43.-)



J44.8 Other specified chronic obstructive pulmonary disease

J44.81 Bronchiolitis obliterans and bronchiolitis obliterans syndrome
Obliterative bronchiolitis

Code first, if applicable:
complication of bone marrow transplant (T86.09)
complication of stem cell transplant (T86.5)
heart-lung transplant rejection (T86.31)
lung transplant rejection (T86.810)
other complications of heart-lung transplant (T86.39)
other complications of lung transplant (T86.818)

Code also, if applicable, associated conditions, such as:
chronic graft-versus-host disease (D89.811)
chronic lung allograft dysfunction (J4A.-)
chronic respiratory conditions due to chemicals, gases, fumes and vapors (J68.4)

J44.89 Other specified chronic obstructive pulmonary disease
Chronic asthmatic (obstructive) bronchitis
Chronic emphysematous bronchitis

DESMOID TUMORS

- Desmoid tumors are a rare type of tumor arising in deep connective and soft tissues which often have a variable and unpredictable course. Because desmoid tumors do not metastasize, they are not classified as malignant. However, desmoid tumors tend to be locally aggressive, infiltrative, and destructive, such that the condition is also known as aggressive fibromatosis

D48.1 Neoplasm of uncertain behavior of connective and other soft tissue
Neoplasm of uncertain behavior of connective tissue of ear
Neoplasm of uncertain behavior of connective tissue of eyelid
Stromal tumors of uncertain behavior of digestive system

Excludes1: neoplasm of uncertain behavior of articular cartilage (D48.0)
neoplasm of uncertain behavior of cartilage of larynx (D38.0)
neoplasm of uncertain behavior of cartilage of nose (D38.5)
neoplasm of uncertain behavior of connective tissue of breast (D48.6-)

D48.11 Desmoid tumor

D48.110 Desmoid tumor of head and neck

D48.111 Desmoid tumor of chest wall

D48.112 Desmoid tumor, intrathoracic

D48.113 Desmoid tumor of abdominal wall

D48.114 Desmoid tumor, intraabdominal
Desmoid tumor of pelvic cavity
Desmoid tumor, peritoneal, retroperitoneal

D48.115 Desmoid tumor of upper extremity and shoulder girdle

D48.116 Desmoid tumor of lower extremity and pelvic girdle
Desmoid tumor of buttock

D48.117 Desmoid tumor of back

D48.118 Desmoid tumor of other site

D48.119 Desmoid tumor of unspecified site

D48.19 Other specified neoplasm of uncertain behavior of connective and other soft tissue

WASTING DISEASE (SYNDROME) DUE TO UNDERLYING CONDITION

Wasting disease (syndrome) is an involuntary, on-going loss of more than 10% of body weight with reduction in muscle mass, with or without loss of fat due to underlying condition.

The manifestations of the disease occur in multiple conditions as an indicator of end-stage progression and complicate those concurrent conditions.

E88.A Wasting disease (syndrome) due to underlying condition
Cachexia due to underlying condition

Code first underlying condition

Excludes1: cachexia NOS (R64)
nutritional marasmus (E41)

Excludes2: failure to thrive (R62.51, R62.7)

NONCOMPLIANCE

Z91.141^ Patient's other noncompliance with medication regimen due to financial hardship

Z91.148^ Patient's other noncompliance with medication regimen for other reason

Z91.151^ Patient's noncompliance with renal dialysis due to financial hardship

Z91.158^ Patient's noncompliance with renal dialysis for other reason

Z91.A41 Caregiver's other noncompliance with patient's medication regimen due to financial hardship

Z91.A48 Caregiver's other noncompliance with patient's medication regimen for other reason

Z91.A51 Caregiver's noncompliance with patient's renal dialysis due to financial hardship

Z91.A58 Caregiver's noncompliance with patient's renal dialysis for other reason

Z91.A91 Caregiver's noncompliance with patient's other medical treatment and regimen due to financial hardship

Z91.A98 Caregiver's noncompliance with patient's other medical treatment and regimen for other reason

SOCIAL DETERMINANTS OF HEALTH

OGCR | I.C.21.c.17)

- [For SDOH codes] coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record.
- Patient self-reported documentation may be used to assign codes for social determinants of health, as long as the patient self-reported information is signed-off by and incorporated into the medical record by either a clinician or provider.

Z55.6^	Problems related to health literacy
Z58.81^	Basic services unavailable in physical environment
Z58.89^	Other problems related to physical environment
Z59.10^	Inadequate housing, unspecified
Z59.11^	Inadequate housing environmental temperature
Z59.12^	Inadequate housing utilities
Z59.19^	Other inadequate housing
Z62.23	Child in custody of non-parental relative
Z62.24	Child in custody of non-relative guardian
Z62.814^	Personal history of child financial abuse
Z62.815^	Personal history of intimate partner abuse in childhood
Z62.823	Parent-step child conflict
Z62.831	Non-parental relative-child conflict
Z62.832	Non-relative guardian-child conflict
Z62.833	Group home staff-child conflict
Z62.892	Runaway [from current living environment]
Z91.413^	Personal history of adult financial abuse
Z91.414^	Personal history of adult intimate partner abuse
Z91.85	Personal history of military service

NEW CODES THAT ARE MCCS

Diagnosis Code	Description
A41.54	Sepsis due to Acinetobacter baumannii
D57.04	Hb-SS disease with dactylitis
D57.214	Sickle-cell/Hb-C disease with dactylitis
D57.414	Sickle-cell thalassemia, unspecified, with dactylitis
D57.434	Sickle-cell thalassemia beta zero with dactylitis
D57.454	Sickle-cell thalassemia beta plus with dactylitis
D57.814	Other sickle-cell disorders with dactylitis
I21.B	Myocardial infarction with coronary microvascular dysfunction
J15.61	Pneumonia due to Acinetobacter baumannii
J15.69	Pneumonia due to other Gram-negative bacteria
K35.210	Acute appendicitis with generalized peritonitis, without perforation, with abscess
K35.211	Acute appendicitis with generalized peritonitis, with perforation and abscess
K35.219	Acute appendicitis with generalized peritonitis, with abscess, unspecified as to perforation
K68.2	Retroperitoneal fibrosis
K68.3	Retroperitoneal hematoma
O90.41	Hepatorenal syndrome following labor and delivery
O90.49	Other postpartum acute kidney failure
R40.2A	Nontraumatic coma due to underlying condition

CEU & RECORDING INFORMATION

This webinar is approved for one (1) CCHIM-compliant CEU (“AHIMA CEU”) which can be used towards the maintenance of an AHIMA credential; this CEU will be sent out by the end of business day today

A link to the webinar recording will be sent out by the end of business day, today in that same email.

DATAVANT

COMING SOON!

Ciox will be presenting ICD-10-PCS and other IPPS changes for FY 2024 on Friday, September 22nd at 12:00 PM ET. Please join us if you can!

https://us06web.zoom.us/webinar/register/WN_afCvcdHxTDyCN90UjEkk4A

The webinar is approved for one (1) CCHIM-compliant CEU ("AHIMA CEU") which can be used towards the maintenance of an AHIMA credential.

Q4 Roundtable Agenda will be posted to Ciox Webinar Resources Page by endo of week: https://www.cioxhealth.com/resources/webinars/