



FY 2019 ICD-10-CM/PCS Update

Elsevier Clinical Solutions

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September 6, 2018

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Learning Objectives



This presentation contains select topics based on new codes identified in the FY2019 ICD-10-CM and ICD-10-PCS addenda.

These topics are organized by ICD-10-CM Chapter and ICD-10-PCS Body Systems for ease of reference.

In this webinar we will:

- Review select ICD-10-CM diagnosis code topics and changes
- Review select ICD-10-PCS procedure code topics
- Review select ICD-10-CM guideline changes

Introduction

Only the main points are summarized here for your reference. For more detailed information, please refer to the official documents on the CMS and CDC websites at:

- <https://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-PCS.html>
- <https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html>
- https://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm
- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Tables.html>



ICD-10-CM Diagnosis Codes

This section contains highlights of new ICD-10-CM codes for FY2019, with brief descriptions of the general purpose of the code changes. For complete and comprehensive information regarding these changes, please see the ICD-10-CM Addenda on the CDC website.



ICD-10-CM Chapter 1 Certain infectious and parasitic diseases (A00-B99)

This chapter contains the following FY2019 changes:

- **A92.5 Zika virus disease**

Certain code modifications initially proposed in 2016 become effective this year, following WHO modifications to facilitate data capture of in utero Zika infections and neonates manifesting clinical findings of Zika infection.

 - Added “Excludes 1 congenital Zika virus disease (P35.4)” to refer classification of congenital Zika virus to new Chapter 16 code P35.4 Congenital Zika virus disease.
 - Aligns with new Chapter 21 code Z20.821 Contact with and (suspected) exposure to Zika virus

- **B20 HIV disease**
 - Status change from MCC to CC.
 - Data suggests that many HIV patients are stable on HIV retroviral medications. Specific HIV complications may better serve to indicate complexity.
 - Impact may be greatest for patients admitted for a non-HIV related condition in which B20 was previously a MCC.

ICD-10-CM Chapter 2 Neoplasms (C00-D49)

Significant changes were made to eyelid skin neoplasms. Code expansion includes specification of neoplasm type and anatomic site.

- Subcategory expansion contains addition of new codes to further specify anatomic site as upper or lower eyelid, each eye in the following subcategories:
 - C43.1- Malignant melanoma of eyelid, including canthus
 - C4A.1- Merkel cell carcinoma of eyelid, including canthus
 - C44.1- Other and unspecified malignant neoplasm of skin of eyelid, including canthus

 - D03.1- Melanoma in situ of eyelid, including canthus
 - D04.1- Carcinoma in situ of skin of eyelid, including canthus
 - D22.1- Melanocytic nevi of eyelid, including canthus
 - D23.1- Other benign neoplasm of skin of eyelid, including canthus

- C44.1- Other and unspecified malignant neoplasm of skin of eyelid, including canthus
 - Ten new subcategory codes report eyelid skin neoplasm to type, as:
 - Basal cell
 - Squamous cell
 - Sebaceous cell
 - Other specified
 - Unspecified

ICD-10-CM Chapter 4 Endocrine, nutritional and metabolic diseases (E00-E89)

This chapter contains several new codes due to subcategory expansion to facilitate specification of certain metabolic diseases and conditions. Instructional notes are modified accordingly.

- **E72.8- Other specified disorders of amino-acid metabolism**
 - New subcategory codes differentiate between gamma aminobutyric acid metabolism disorders (new code E72.81) from other of amino acid disorders (new code E72.89).
 - **New code E72.81** includes a spectrum of GABA neurotransmitter related disorders, some associated with developmental delays, epilepsy, and other behavioral and neurodevelopmental conditions.

E72.81 Disorders of gamma aminobutyric acid metabolism
4-hydroxybutyric aciduria
Disorders of GABA metabolism
GABA metabolic defect
GABA transaminase deficiency
GABA-T deficiency
Gamma-hydroxybutyric aciduria
SSADHD
Succinic semialdehyde dehydrogenase deficiency

- **New code E72.89 Other specified disorders of amino-acid metabolism**
- Index under main terms "Defect," "Deficiency," or "Disorder."

ICD-10-CM Chapter 4 Endocrine, nutritional and metabolic diseases (E00-E89)

- E75.2- Other sphingolipidosis
 - New code E75.26 Sulfatase deficiency: Inherited metabolic disorder associated with neurodegeneration, developmental delays, intellectual disability, and other multi-systemic manifestations (e.g., hydrocephalus, ichthyosis).
- E78.4- Other hyperlipidemia
 - New code E78.41 Elevated Lipoprotein (a): Identifies Lp(a) lipoprotein elevation linked to genetic causes associated with certain cardiovascular disease risk factors, unrelated to diet or exercise.
 - New Code E78.49 Other hyperlipidemia: Includes Familial combined hyperlipidemia.
- New code E88.02 Plasminogen deficiency: Enzyme deficiency that causes fibrin deposits in the eye, ear, or brain.
 - Lists instructional notes to prompt multiple coding and sequencing, as appropriate. Instructions include conditions which should be listed as secondary/additional diagnoses with this code.
 - FY2019 CC status
 - Multiple coding reports associated manifestations.

E88.02 Plasminogen deficiency

Dysplasminogenemia
Hypoplasminogenemia
Type 1 plasminogen deficiency
Type 2 plasminogen deficiency

Code also, if applicable, ligneous conjunctivitis (H10.51)

Use Additional code for associated findings, such as:

hydrocephalus (G91.4)
ligneous conjunctivitis (H10.51)
otitis media (H67.-)
respiratory disorder related to plasminogen deficiency (J99)

ICD-10-CM Chapter 5 Mental, behavioral and neurodevelopmental disorders (F01-F99)

This chapter contains several new codes, due to subcategory expansion to facilitate specification of certain substance abuse and mental disorders.

- F12- Cannabis related disorders
 - New codes F12.23 Cannabis dependence with withdrawal, and
 - New Code F12.93 Cannabis use with withdrawal
 - “Cannabis withdrawal” formerly reported as F12.288, now deleted as an inclusion term

- F53- Mental and behavioral disorders associated with the puerperium, not elsewhere classified (Changed from F53 Puerperal psychosis (included postpartum depression))
 - New Code F53.0 Postpartum depression
 - New code F53.1 Puerperal psychosis (includes postpartum psychosis)

ICD-10-CM Chapter 5 Mental, behavioral and neurodevelopmental disorders (F01-F99)

Factitious disorder (may be referred to or documented as “Munchausen’s syndrome,” from comedic stories from the 1700’s of the character Baron Munchausen’s absurd exploits, in which he claims such impossible achievements as riding on a cannonball and travelling to the Moon).

New guideline **I.C.5.c. Factitious disorder** explains appropriate use of new code F68.A.

- F68.1- Factitious disorder, term imposed on self added to all code descriptions.** Note: Inclusion terms Compensation neurosis, Elaboration of physical symptoms for psychological reasons, Hospital hopper syndrome, Münchhausen's syndrome, Peregrinating patient (travels from place to place)
- **New code F68.A Factitious disorder imposed on another:** A disorder in which a caregiver (perpetrator) falsely reports or causes an illness or injury in another person (victim) under his or her care, such as a child, an elderly adult, or a person who has a disability.
 - **The perpetrator, not the victim, receives this diagnosis** (reported as F68.A)
 - **Factitious disorder is distinct from malingering** in that people with factitious disorder imposed on self don't fabricate symptoms for material gain such as financial compensation, absence from work, or access to drugs. See Excludes 2: person feigning illness (with obvious motivation) (Z76.5)
 - **For the victim,** assign the appropriate code from category T74 Adult and child abuse, neglect and other maltreatment, confirmed, or T76 Adult and child abuse, neglect and other maltreatment, suspected.

ICD-10-CM Chapter 6 Diseases of the nervous system (G00-G99)

This chapter contains several new codes to report laterality, and to differentiate certain types of muscular dystrophy. Multiple inclusion term and instructional note changes were made consistent with subcategory expansion.

- **G51.3- Clonic hemifacial spasm**
 - Subcategory expansion provides new codes G51.31-G51.39 to report laterality as right, left, bilateral, or unspecified.

- **G71.0- Muscular dystrophy**
 - Subcategory expansion provides new codes G71.00-G71.09 to facilitate specific reporting of certain types of muscular dystrophy, as:
 - Duchenne or Becker
 - Fascioscapulohumeral
 - Other specified
 - Unspecified
 - Inclusion terms previously listed to G71.0 were moved to new codes, as appropriate.

 - For code **G91.4 Hydrocephalus in diseases classified elsewhere**, new code E88.02 Plasminogen deficiency was added to the instructional note “Code first underlying condition.”

G91.4 Hydrocephalus in diseases classified elsewhere

Code first underlying condition, such as:
plasminogen deficiency (E88.02)

ICD-10-CM Chapter 7 Diseases of the eye and adnexa (H00-H59)

Significant changes were made to this chapter. Subcategory code expansion refines anatomic site and laterality reporting.

- Subcategory expansion contains addition of new codes to further specify anatomic site as upper or lower eyelid, each eye for the following conditions:
 - Blepharitis (H01.0-)
 - Ectropion (H02.15-)
 - Lagophthalmos (H02.20-H02.23)
 - Meibomian gland dysfunction (H02.88-)
- **H04.2-Epiphora**
 - Code descriptions were revised to remove anatomic relationship to lacrimal gland(s).

Revise from
Revise to

H04.201 Unspecified epiphora, right lacrimal gland
H04.201 Unspecified epiphora, right side

- Instructional note at code H10.51 directs to sequence new code E88.02 Plasminogen deficiency first when these conditions occur together, prompting multiple coding.

H10.51 Ligneous conjunctivitis

**Code also underlying condition if known, such as:
plasminogen deficiency (E88.02)**

- Subcategory expansions facilitate laterality reporting:
 - Rosacea conjunctivitis (H10.82-)
 - Brow ptosis (H57.81-)
- **New code H57.89 Other specified disorders of eye and adnexa** replaces H57.8 to report such conditions not classifiable elsewhere.

ICD-10-CM Chapter 9 Diseases of the circulatory system (I00-I99)

This chapter contains multiple text corrections and code description changes. One subcategory expansion and a new subcategory facilitate specific reporting of specific conditions.

- **I63.8- Other cerebral infarction (subcategory expansion)**
 - New code **I63.81** includes lacunar infarction/stroke.
 - New code **I63.89** replaces I63.8 to report other cerebral infarction not classifiable elsewhere.
 - MCC status, consistent with previous code I63.8 Other cerebral infarction.

- **I67.85- Hereditary cerebrovascular disease (new subcategory)**
 - New code **I67.850** Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL)
 - Instructional “code also” note prompts multiple coding, where appropriate.

<p>I67.850 Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy CADASIL</p> <p>Code also any associated diagnoses, such as: epilepsy (G40.-) stroke (I63.-) vascular dementia (F01.-)</p>
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- New code **I67.858** Other hereditary cerebrovascular disorders

- CC status for both new codes.

ICD-10-CM Chapter 10 Diseases of the respiratory system (J00-J99)

This chapter has only minor FY2019 changes, including an instructional note expansion and a code status change.

- Instructional note at code **J99 Respiratory disorders in diseases classified elsewhere** (manifestation code) added to list of “code first” diseases; new code **E88.02 Plasminogen deficiency** reported first when these conditions occur together.

J99 Respiratory disorders in diseases classified elsewhere

Code first underlying disease, such as:
plasminogen deficiency (E88.02)

- Code **J80 Acute respiratory distress syndrome** is changed from CC to MCC.
 - Data suggests increased resource utilization associated with this condition, representative of MCC status.

ICD-10-CM Chapter 11 Diseases of the digestive system (K00-K99)

Significant FY2019 changes were made to this chapter, including appendicitis and cholecystitis code expansions, other new codes, multiple text corrections, instructional note modifications, and code edit changes.

- **K35.- Acute appendicitis**
 - This category includes **new combination codes** to specifically identify appendicitis and **peritonitis with complications of abscess, perforation, or gangrene**, and differentiate these conditions from uncomplicated appendicitis.
 - FY2019 MCC and CC status designations apply.

- **K57.- Diverticular disease of intestine**
 - Instructional note was added at the category level to prompt multiple coding.
 - Code also, **if applicable**, peritonitis K65.-.

- **K61.- Anal abscess**
 - Excludes note change from Excludes1 to Excludes2 at K61.0 Anal abscess indicates that intrasphincteric abscess (K61.4) can be reported together, as appropriate.
 - **New codes** specifically report certain **types or anatomic sites of abscess**, including horseshoe (K61.31), other ischiorectal (K61.39), and supralelevator (K61.5).

ICD-10-CM Chapter 11 Diseases of the digestive system (K00-K99)

- **K65.- Peritonitis**
 - Instructional note changes at category level include addition of **multiple coding** prompt “code also, if applicable, diverticular disease of intestine (K57.-).” This change aligns with similar instructional note at category K57 Diverticular disease of intestine.
 - Multiple Excludes1 notations were deleted, consistent with **combination code changes** that classify peritonitis due to diverticulitis or appendicitis to new codes within those code categories.
- **K68.11 Postprocedural retroperitoneal abscess**
 - Excludes2 note indicates postoperative abscesses may be reported together with postoperative complications codes in subcategory T81.4-.

K68.11 Postprocedural retroperitoneal abscess

Excludes2: infection following procedure (T81.4-)

ICD-10-CM Chapter 11 Diseases of the digestive system (K00-K99)

- New instructional notes at subcategories K80.0-K80.6 and category K81 indicate to use an additional code, if applicable, to report associated gallbladder gangrene (new code K82.A1) or perforation (new code K82.A2).

Use Additional code if applicable for associated gangrene of gallbladder (K82.A1), or perforation of gallbladder (K82.A2)

- Two new codes report cholecystitis complications gangrene (K82.A1) and/or perforation (K82.A2).
 - Instructional note directs code sequence - the type of cholecystitis with cholelithiasis is sequenced first. New code K82.A2 Perforation of gallbladder in cholecystitis is a CC.

K82.A Disorders of gallbladder in diseases classified elsewhere

Code first the type of cholecystitis (K81.-), or cholelithiasis with cholecystitis (K80.00-K80.19, K80.40-K80.47, K80.60-K80.67)

K82.A1 Gangrene of gallbladder in cholecystitis

K82.A2 Perforation of gallbladder in cholecystitis

- K82.2 Perforation of gallbladder
 - Excludes1 note added to clarify this code may not be used in gallbladder perforation in cholecystitis. Instead, report K82.A2.
- K83.0- Cholangitis (subcategory expansion)
 - New code K83.01 Primary sclerosing cholangitis
 - New code K83.09 Other cholangitis
 - Excludes2 note at subcategory K83.0- indicates these may be reported with K74.3 Primary biliary cirrhosis (cholangitis), when appropriate.

ICD-10-CM Chapter 13 Diseases of the musculoskeletal system and connective tissue (M00-M99)

This chapter contains multiple text corrections and a “myalgia” subcategory code expansion.

- M79.1- Myalgia
 - Myofascial pain syndrome
 - Excludes1: fibromyalgia (M79.7) myositis (M60.-)
 - New code M79.10 Myalgia, unspecified site
 - New code M79.11 Myalgia of mastication muscle
 - New code M79.12 Myalgia of auxiliary muscles, head and neck
 - New code M79.18 Myalgia, other site

ICD-10-CM Chapter 14 Disorders of the genitourinary system (N00-N99)

Multiple, significant changes were made to urethral stricture codes (N35-) in this chapter. Subcategory code expansion refines male stricture type and site reporting.

- Fourteen new codes provide a separate reporting mechanism for certain types of male urethral stricture classified to other (N35.81-) and unspecified (N35.91-) subcategories including:
 - Anterior
 - Bulbous
 - Meatal
 - Other membranous
 - Postinfective, overlapping sites
 - Postprocedural, overlapping sites
 - Post-traumatic, overlapping sites
- Two new codes were added to report female urethral stricture
 - N35.82 Other urethral stricture, female
 - N35.92 Unspecified urethral stricture, female

ICD-10-CM Chapter 15 Pregnancy, childbirth and the puerperium (O00-O9A)

This chapter contains subcategory expansions for multiple gestations and obstetric wound infections.

- **O30.1- Triplet pregnancy**
 - New subcategory O30.13- reports **trichorionic/triamniotic triplet gestation** by trimester
These new codes allow reporting of triplet gestations with three separate placenta and/or amniotic sacs.
- **O30.2- Quadruplet pregnancy**
 - New subcategory O30.23- reports quadruplet pregnancy with **quadrachorionic/quadr-amniotic gestation** by trimester
 - These new codes allow reporting of quadruplet gestations with four separate placenta and/or amniotic sacs.
- **O30.8- Other specified multiple gestation**
 - New subcategory O30.83- Other specified multiple gestation, **number of chorions and amnions are both equal to the number of fetuses.**
 - These new codes allow reporting of fetuses, each with their own separate placenta and amniotic sacs in multiple gestations with greater than five or more fetuses.
 - Sixth characters report pregnancy trimester.
 - MCE changes include CC designations for sixth characters 1-3 (twin and triplet pregnancy).
Codes for quadruplet pregnancy are already CC's.

ICD-10-CM Chapter 15 Pregnancy, childbirth and the puerperium (O00-O9A)

- O86.0- Infection of obstetric surgical wound
 - Subcategory O86.0- expansion provides six new codes for reporting type of obstetric surgical wound infection as:
 - Superficial incision site, includes subcutaneous or stitch abscess (O86.01)
 - Deep incision site, includes intramuscular or subfascial abscess (O86.02)
 - Affecting organ and space site, includes intra-abdominal or subphrenic abscess (O83.03)
 - Sepsis (O86.04) with MCC status for sepsis following obstetrical procedure (O86.04)
 - Instruction note “Use additional code to identify the sepsis”
 - Other and unspecified obstetrical surgical infections (O86.09)

Excludes1: complications of procedures, not elsewhere classified (**T81.4-**)
postprocedural fever NOS (R50.82) postprocedural retroperitoneal abscess (K68.11)

- New codes O86.0- align with Chapter 19 subcategory **T81.40- Infection following a procedure** code expansion

ICD-10-CM Chapter 16 Certain conditions originating in the perinatal period (P00-P96)

Significant changes were made to this chapter, including multiple text corrections, instructional note edits, and new codes.

- Subcategory P02.7- expansion provides a **new code** to report **fetal inflammatory response syndrome (FIRS)** in a newborn (P02.70). Inclusion terms previously listed under P02.7 are moved to **new code P02.78** Newborn affected by other conditions from chorioamnionitis.
- Subcategory expansion at **P04.1- Newborn affected by other maternal medication** lists new instructional notations. Withdrawal symptoms (P96.1) are sequenced first, if applicable. New codes report newborn affected by maternal medications, as:
 - Antineoplastic therapy (P04.11)
 - Cytotoxic drugs (P04.12)
 - Anticonvulsants (P04.13)
 - Opiates (P04.14)
 - Antidepressants (P04.15)
 - Amphetamines (P04.16)
 - Sedative-hypnotics (P04.18)
 - Anxiolytic (P04.1A)
 - Other (P04.18) and unspecified medications

ICD-10-CM Chapter 16 Certain conditions originating in the perinatal period (P00-P96)

- New codes added to subcategory P04.4- Newborn affected by maternal use of drugs of addiction:
 - P04.40 Newborn affected by maternal use of unspecified drugs of addiction
 - P04.42 Newborn affected by maternal use of hallucinogens
- New codes in subcategory P04.8- Newborn affected by other maternal noxious substances:
 - P04.81 Newborn affected by maternal use of cannabis
 - P04.89 Newborn affected by other maternal use of noxious substances
- New code P35.4 Congenital Zika virus disease (MCC Status) lists an instructional note to use additional code(s) to identify manifestations.

P35.4 Congenital Zika virus disease

Use Additional code to identify manifestations of congenital Zika virus disease

- Category P74 Other transitory neonatal electrolyte and metabolic disturbances includes subcategory expansion with multiple new codes to report:
 - P74.2- Disturbances of sodium balance
 - P74.3- Disturbances of potassium balance
 - P74.4- Other electrolyte disturbances
 - FY2019 CC status for new code P74.41 Alkalosis of newborn

ICD-10-CM Chapter 17 Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)

This chapter contains text corrections, instructional note edits, and several new codes to facilitate reporting of congenital malformations of uterus and cervix, and certain chromosomal abnormalities.

- **Q02 Microcephaly**
 - Added: Instructional note “Use additional code, if applicable, to identify congenital Zika virus disease” (P35.4 Congenital Zika virus disease)
- **Q51.2- Congenital malformations of uterus and cervix**
 - New codes differentiate between uterine doubling complete (Q51.21), partial (Q51.22) septate uterus.
- **Q93.5- Other deletions of part of a chromosome**
 - New code Q93.51 Angleman syndrome.
Angelman Syndrome (AS) is a genetic neurodevelopment disorder associated with hyperactivity, cognitive disability, motor dysfunction, speech impairment, epilepsy, and other conditions.
 - CC status, consistent with previous code assignment
- **Q93.8- Other deletions from the autosomes**
 - New code Q93.82 Williams syndrome.
Williams Beuren syndrome (WBS) is a genetic neurodevelopmental disorder caused by a chromosomal “microdeletion.” Multi-systemic manifestations include intellectual and learning disabilities, characteristic facial features, and cardiovascular, endocrine, GI, and musculoskeletal abnormalities. CC status

ICD-10-CM Chapter 18 Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

This chapter contains multiple text corrections, inclusion term edits and additions, and several new codes to facilitate reporting of abnormal findings in urine and certain abnormal diagnostic imaging findings.

- R40.2- Coma
 - Multiple inclusion terms were added or revised throughout this subcategory to clarify coma scale scoring and classifications, score added as inclusion term:
 - R40.221 Coma scale, best verbal response, none
Coma scale verbal score of 1

- R82.99- Other abnormal findings in urine
 - Subcategory expansion provides new codes for specific reporting, including:
 - Hypocitraturia (R82.991)
 - Hyperoxaluria (R82.992)
 - Hyperuricosuria (R82.993)
 - Hypercalciuria (R82.994)
 - Other abnormal findings in urine (R82.998)

- R93.81- Abnormal findings on diagnostic imaging of testis
 - New codes facilitate reporting of these findings by anatomic laterality.

ICD-10-CM Chapter 19 Injury, poisoning, and certain other consequences of external cause (S00-T88)

This chapter contains multiple code description corrections, new codes, and other text edits.

- New codes T43.64- Poisoning by ecstasy (3,4-Methylenedioxymethamphetamine, aka “MDMA”)
 - include sixth characters to report intent and seventh characters to report episode of care
- T74- Adult and child abuse, neglect and other maltreatment, confirmed
 - T74.3 Psychological abuse, confirmed
 - Inclusion terms specify confirmed bullying and intimidation, and confirmed intimidation through social media.
 - T74.5- Forced sexual exploitation, confirmed
 - New subcategory codes differentiate between adult (T74.51) and child (T74.52)
 - T74.6- Forced labor exploitation, confirmed
 - New subcategory codes differentiate between adult (T74.61) and child (T74.62)
- T76- Adult and child abuse, neglect and other maltreatment, suspected
 - T76.3 Psychological abuse, suspected
 - Inclusion terms specify suspected bullying and intimidation, and confirmed intimidation through social media.
 - T76.5- Forced sexual exploitation, suspected
 - Subcategory codes differentiate between adult (T76.51) and child (T76.52) patients
 - T76.6- Forced labor exploitation, suspected
 - Subcategory codes differentiate between adult (T76.61) and child (T76.62) patients

ICD-10-CM Chapter 19 Injury, poisoning, and certain other consequences of external cause (S00-T88)

- T81.4- Infection following a procedure
 - The Addenda lists an Exclusion status change from Excludes1 to Excludes2 at code subcategory T81.4- for obstetric wound infections (O86.0-), postprocedural fever (R50.82), and postprocedural retroperitoneal abscess (K68.11).
 - This is currently inconsistent with Excludes 1 at subcategory O86.0.
 - New codes specify infection as:
 - Superficial incisional (T81.41-)
 - Deep incisional (T81.42-)
 - Organ and space site (T81.43-)
 - Sepsis following a procedure (T81.44-)
 - Use an additional code to identify sepsis
 - Other (T81.49-) and unspecified (T81.40-)
 - Seventh characters apply to report episode of care
 - CC status for seventh character "A" initial episode of care codes

ICD-10-CM Chapter 21 Factors influencing health status and contact with health services (Z00-Z99)

This chapter contains multiple text corrections, including instructional note and code description edits. New history codes report certain family and personal histories, consistent with classification changes in other chapters.

- Z04.8- Encounter for examination and observation for other reasons
 - New codes to report examinations of victims following forced sexual (Z04.81) or labor (Z04.82) exploitation and other reasons (Z04.89).
- Z13.3- Encounter for screening for other mental health and behavioral disorders
 - New codes to differentiate adult and child depression screenings (Z13.31) from maternal depression screening (Z13.32).
- Z13.4- Encounter for screening for certain developmental disorders in childhood
 - Subcategory expansion lists instructional notes and new codes for autism screening (Z13.41) and global developmental delays (Z13.42).
- New code Z20.821 Contact with and (suspected) exposure to Zika virus.
- New code Z28.83 Immunization not carried out due to unavailability of vaccine.
- Z62.81- Personal history of abuse in childhood
 - New code Z62.813 Personal history of forced labor or sexual exploitation in childhood
- Z83.43- Family history of other endocrine, nutritional and metabolic diseases
 - Subcategory expansion includes new codes to distinguish family history of elevated lipoprotein(a) (Z83.430) from other family lipoprotein metabolism history (Z83.438).
- New code Z91.42 Personal history of forced labor or sexual exploitation



ICD-10-PCS Procedure Codes

This section contains highlights of new ICD-10-PCS codes for FY2019, with brief descriptions of the general purpose of the code changes. For complete and comprehensive information regarding these changes, please see the ICD-10-PCS Addenda on the CMS website.



0 Medical and Surgical, 0 Central Nervous System and Cranial Nerves
Root Operation: 1 Bypass
Spinal Canal Bypass

Qualifier value Atrium (2) was added to the 001 CNS Bypass table for the body part value Spinal Canal (U). These changes enable capture of detail for **bypass** procedures from the spinal canal to additional sites, including lumboatrial shunt procedure.

Example:

<i>Section</i>	0	Medical and Surgical	
<i>Body System</i>	0	Central Nervous System and Cranial Nerves	
<i>Operation</i>	1	Bypass: Altering the route of passage of the contents of a tubular body part	
<i>Body Part</i>		<i>Approach</i>	<i>Device</i>
U Spinal Canal		0 Open 3 Percutaneous 4 Percutaneous Endoscopic	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute
			2 Atrium 4 Pleural Cavity 6 Peritoneal Cavity 7 Urinary Tract 9 Fallopian Tube

0 Medical and Surgical, 2 Heart and Great Vessels

Root Operation: 1 Bypass

Descending Thoracic Aorta Bypass Qualifiers

Qualifier values were added to body part value Thoracic Aorta, Descending (W) to capture of detail for bypass procedures from the thoracic aorta to abdominal artery (F) sites. New qualifier value Lower Extremity Artery (V) specifies detail for limb salvage procedures from the thoracic aorta to lower extremity arteries.

Qualifier values Axillary Artery (G) and Brachial Artery (H), and device values Zooplastic Tissue (8), Autologous Venous Tissue (9), and Autologous Arterial Tissue (A) provide device values for aorto-axillary and aorto-brachial bypass procedures.

Example:

<i>Section</i>	0	Medical and Surgical		
<i>Body System</i>	2	Heart and Great Vessels		
<i>Operation</i>	1	Bypass: Altering the route of passage of the contents of a tubular body part		
<i>Body Part</i>		<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
W Thoracic Aorta, Descending		0 Open	8 Zooplastic Tissue 9 Autologous Venous Tissue A Autologous Arterial Tissue J Synthetic Substitute K Nonautologous Tissue Substitute	B Subclavian D Carotid F Abdominal Artery G Axillary Artery H Brachial Artery P Pulmonary Trunk Q Pulmonary Artery, Right R Pulmonary Artery, Left V Lower Extremity Artery

0 Medical and Surgical, 3 Upper Arteries
Root Operation: 1 Bypass
Bypass Axillary Artery to Abdominal Artery

New qualifier value Abdominal Artery (T), for body part values Axillary Artery, Right (5) and Axillary Artery, Left (6) provides detail for reporting axillary artery to superior mesenteric artery bypass procedures.

Example:

<i>Section</i>	0	Medical and Surgical	
<i>Body System</i>	3	Upper Arteries	
<i>Operation</i>	1	Bypass: Altering the route of passage of the contents of a tubular body part	
<i>Body Part</i>		<i>Approach</i>	<i>Device</i>
5 Axillary Artery, Right 6 Axillary Artery, Left	0 Open	9 Autologous Venous Tissue A Autologous Arterial Tissue J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	0 Upper Arm Artery, Right 1 Upper Arm Artery, Left 2 Upper Arm Artery, Bilateral 3 Lower Arm Artery, Right 4 Lower Arm Artery, Left 5 Lower Arm Artery, Bilateral 6 Upper Leg Artery, Right 7 Upper Leg Artery, Left 8 Upper Leg Artery, Bilateral 9 Lower Leg Artery, Right B Lower Leg Artery, Left C Lower Leg Artery, Bilateral D Upper Arm Vein F Lower Arm Vein J Extracranial Artery, Right K Extracranial Artery, Left T Abdominal Artery V Superior Vena Cava

0 Medical and Surgical, 3 Upper Arteries
Root Operation: 1 Bypass
Bypass Common Carotid Artery to Other Upper Artery

Qualifier value Upper Artery (Y) for body part values Common Carotid Artery, Right (H) and Common Carotid Artery, Left (J) provides detail for bypass procedures from the common carotid artery to other upper arteries, such as the subclavian artery.

Example:

<i>Section</i> 0 Medical and Surgical			
<i>Body System</i> 3 Upper Arteries			
<i>Operation</i> 1 Bypass: Altering the route of passage of the contents of a tubular body part			
<i>Body Part</i>	<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
H Common Carotid Artery, Right J Common Carotid Artery, Left	0 Open	9 Autologous Venous Tissue A Autologous Arterial Tissue J Synthetic Substitute K Nonautologous Tissue Substitute Z No Device	G Intracranial Artery J Extracranial Artery, Right K Extracranial Artery, Left Y Upper Artery

**0 Medical and Surgical, 3 Upper Arteries, 5 Upper Veins
 Root Operation: 7 Dilation
 Drug-coated Balloon Angioplasty of Additional Sites**

Qualifier Drug Coated Balloon (1) is applied to upper extremity body part values except the hand, for device values D Intraluminal Device and Z No Device. This provides detail for procedures such as **drug-coated balloon angioplasty of an arteriovenous dialysis fistula**.

Example:

<i>Section</i>	0	Medical and Surgical		
<i>Body System</i>	3	Upper Arteries		
<i>Operation</i>	7	Dilation: Expanding an orifice or the lumen of a tubular body part		
<i>Body Part</i>		<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
0 Internal Mammary Artery, Right		0 Open	D Intraluminal Device	1 Drug-Coated Balloon
1 Internal Mammary Artery, Left		3 Percutaneous	Z No Device	6 Bifurcation
2 Innominate Artery		4 Percutaneous Endoscopic		Z No Qualifier
3 Subclavian Artery, Right				
4 Subclavian Artery, Left				
5 Axillary Artery, Right				
6 Axillary Artery, Left				
7 Brachial Artery, Right				
8 Brachial Artery, Left				
9 Ulnar Artery, Right				
A Ulnar Artery, Left				
B Radial Artery, Right				
C Radial Artery, Left				

0 Medical and Surgical, 3 Upper Arteries

Root Operation: C Extirpation

Endovascular Thrombectomy of Intracranial and Extracranial Arteries

Qualifier value Stent Retriever (7) is added to the root operation Extirpation for the upper arteries (3) body system to distinguish between endovascular thrombectomy techniques to extirpate clot material in ischemic stroke.

Example:

<i>Section</i>	0 Medical and Surgical		
<i>Body System</i>	3 Upper Arteries		
<i>Operation</i>	C Extirpation: Taking or cutting out solid matter from a body part		
<i>Body Part</i>	<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
G Intracranial Artery H Common Carotid Artery, Right J Common Carotid Artery, Left K Internal Carotid Artery, Right L Internal Carotid Artery, Left M External Carotid Artery, Right N External Carotid Artery, Left P Vertebral Artery, Right Q Vertebral Artery, Left	3 Percutaneous	Z No Device	6 Bifurcation 7 Stent Retriever Z No Qualifier

0 Medical and Surgical, 4 Lower Arteries
Root Operation: 1 Bypass
Endovascular Bypass of Lower Extremity Arteries

Previously, there were no specific ICD-10-PCS codes to report percutaneous lower extremity peripheral artery bypass. Instead, these procedures were identified with approach percutaneous endoscopic (4), as the closest available value. FY2019 update adds approach value Percutaneous (3) to this table to identify percutaneous bypass of lower extremity arteries using adjacent veins.

Example:

<i>Section</i>	0	Medical and Surgical		
<i>Body System</i>	4	Lower Arteries		
<i>Operation</i>	1	Bypass: Altering the route of passage of the contents of a tubular body part		
<i>Body Part</i>		<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
T Peroneal Artery, Right U Peroneal Artery, Left V Foot Artery, Right W Foot Artery, Left		3 Percutaneous	J Synthetic Substitute	Q Lower Extremity Artery S Lower Extremity Vein

0 Medical and Surgical, 9 Ear, Nose, Sinus

Root Operation: 3 Control

Epistaxis Control

Root operation Control (3) is added to body part Nasal Mucosa and Soft Tissue (K) to distinguish procedures to control epistaxis from procedures to control bleeding elsewhere in the respiratory tract.

New table:

<i>Section</i>	0	Medical and Surgical		
<i>Body System</i>	9	Ear, Nose, Sinus		
<i>Operation</i>	3	Control: Stopping, or attempting to stop, postprocedural or other acute bleeding		
<i>Body Part</i>		<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
K Nasal Mucosa and Soft Tissue		7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	Z No Device	Z No Qualifier

0 Medical and Surgical, F Hepatobiliary System and Pancreas Root Operation: 5 Destruction Irreversible Electroporation (IRE)

Seventh character qualifier F added to this table identifies cell destruction using Irreversible Electroporation (IRE). This tissue ablation technique uses electrical pulses to destroy diseased tissue. IRE is a unique treatment that affects only the diseased cell membrane, not adjacent healthy tissue.

Example:

<i>Section</i>	0 Medical and Surgical		
<i>Body System</i>	F Hepatobiliary System and Pancreas		
<i>Operation</i>	5 Destruction: Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent		
<i>Body Part</i>	<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
0 Liver	0 Open	Z No Device	F Irreversible Electroporation
1 Liver, Right Lobe	3 Percutaneous		Z No Qualifier
2 Liver, Left Lobe	4 Percutaneous Endoscopic		

0 Medical and Surgical, F Hepatobiliary System and Pancreas
Root Operation: D Extraction
Hepatobiliary/pancreas nonexcisional biopsies

Root operation Extraction (D) is added to Body System Hepatobiliary and Pancreas (F) to identify percutaneous aspiration and brush biopsies at these anatomic sites.

New table:

<i>Section</i>	0 Medical and Surgical		
<i>Body System</i>	F Hepatobiliary System and Pancreas		
<i>Operation</i>	D Extraction: Pulling or stripping out or off all or a portion of a body part by the use of force		
<i>Body Part</i>	<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
0 Liver 1 Liver, Right Lobe 2 Liver, Left Lobe	3 Percutaneous 4 Percutaneous Endoscopic	Z No Device	X Diagnostic
4 Gallbladder 5 Hepatic Duct, Right 6 Hepatic Duct, Left 7 Hepatic Duct, Common 8 Cystic Duct 9 Common Bile Duct C Ampulla of Vater D Pancreatic Duct F Pancreatic Duct, Accessory G Pancreas	3 Percutaneous 4 Percutaneous Endoscopic 8 Via Natural or Artificial Opening Endoscopic	Z No Device	X Diagnostic

0 Medical and Surgical, R Upper Joints, S Lower Joints

Root Operation: G Fusion

Joint fusions

- Device value Z No Device was removed from tables ORG Fusion of Upper Joints, and OSG Fusion of Lower Joints.

This resulted in the deletion of >200 clinically invalid codes. Spinal fusion procedure requires instrumentation with bone graft or bone graft alone, necessitating a device value. CMS data supported deletion of device value Z-No Device as clinically invalid.

See Official ICD-10-PCS Coding Guidelines, B3.10a, and AHA CC 2018, Q1, p.22-23.

- Device value Z was also removed from 213 codes used to report fusion of other body sites.

0 Medical and Surgical, S Lower Joints Root Operation: P Removal, R Replacement Partial knee arthroplasty; Articulating antibiotic spacers

In the Lower Joints body system, device values were revised from Synthetic Substitute, Unicondylar to Synthetic Substitute, Unicondylar Lateral. New device values were added to report Unicondylar Medial and Patellofemoral components. These changes provide specific codes to report partial knee arthroplasty procedures.

New device value Articulating Spacer (E) is added to hip and knee joint body part values to provide specific codes for placement and removal of articulating antibiotic spacers.

<i>Section</i>	0 Medical and Surgical		
<i>Body System</i>	S Lower Joints		
<i>Operation</i>	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		
C Knee Joint, Right D Knee Joint, Left	0 Open	6 Synthetic Substitute, Oxidized Zirconium on Polyethylene J Synthetic Substitute L Synthetic Substitute, Unicondylar Medial M Synthetic Substitute, Unicondylar Lateral N Synthetic Substitute, Patellofemoral	9 Cemented A Uncemented Z No Qualifier
C Knee Joint, Right D Knee Joint, Left	0 Open	7 Autologous Tissue Substitute E Articulating Spacer K Nonautologous Tissue Substitute	Z No Qualifier

0 Medical and Surgical, U Female Reproductive System
Root Operation: Y Transplant
Uterus transplant

Body part value Uterus (9) is added to transplant table 0UY to report this procedure.

<i>Section</i>	0 Medical and Surgical		
<i>Body System</i>	U Female Reproductive System		
<i>Operation</i>	Y Transplantation: Putting in or on all or a portion of a living body part taken from another individual or animal to physically take the place and/or function of all or a portion of a similar body part		
<i>Body Part</i>	<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
0 Ovary, Right	0 Open	Z No Device	0 Allogeneic
1 Ovary, Left			1 Syngeneic
9 Uterus			2 Zooplasic

0 Medical and Surgical, V Male Reproductive System
Root Operation: X Transfer
Transfer of Prepuce (foreskin) for Reconstruction

Root operation Transfer (X) is added to the Male Reproductive System (V), creating new table 0VX. Body part and qualifier values were added to report reconstruction procedures utilizing the prepuce (foreskin) grafts to correct congenital malformations.

New table

<i>Section</i>	0	Medical and Surgical		
<i>Body System</i>	V	Male Reproductive System		
<i>Operation</i>	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		
<i>Body Part</i>		<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
T Prepuce		0 Open X External	Z No Device	D Urethra S Penis

0 Medical and Surgical, W Anatomical Regions, General
Root Operation: 1 Bypass
Anatomical Regions Bypass

Qualifier Upper Vein is added to Bypass table 0W1 for pleural, peritoneal and pelvic cavity body parts to report bypass procedures from various anatomical regions to upper vein vascular sites (e.g., Superior Vena Cava). Percutaneous (3) approach is also added.

Example

<i>Section</i>	0 Medical and Surgical		
<i>Body System</i>	W Anatomical Regions, General		
<i>Operation</i>	1 Bypass: Altering the route of passage of the contents of a tubular body part		
<i>Body Part</i>	<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
9 Pleural Cavity, Right B Pleural Cavity, Left G Peritoneal Cavity J Pelvic Cavity	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	J Synthetic Substitute	4 Cutaneous 9 Pleural Cavity, Right B Pleural Cavity, Left G Peritoneal Cavity J Pelvic Cavity W Upper Vein Y Lower Vein

0 Medical and Surgical, W Anatomical Regions, General Root Operation: 4 Creation

In the 0W4 Creation root operation table, Value Z No Device is removed for FY2019, since these procedures are unlikely to be performed without an implanted device.

Example:

<i>Section</i>	0 Medical and Surgical		
<i>Body System</i>	W Anatomical Regions, General		
<i>Operation</i>	4 Creation: Putting in or on biological or synthetic material to form a new body part that to the extent possible replicates the anatomic structure or function of an absent body part		
<i>Body Part</i>	<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
M Perineum, Male	0 Open	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	0 Vagina
N Perineum, Female	0 Open	7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute	1 Penis

1 Obstetrics, 0 Pregnancy
Root Operation: D Extraction
Cesarean Delivery

Qualifier Value 0 Classical was changed to 0 High. Qualifier 1 Low cervical was changed to 1, Low, consistent with current clinical terminology.

Example:

<i>Section</i> 1 Obstetrics <i>Body System</i> 0 Pregnancy <i>Operation</i> D Extraction: Pulling or stripping out or off all or a portion of a body part by the use of force			
0 Products of Conception	0 Open	Z No Device	0 Classical 1 Low Cervical 2 Extraperitoneal
0 Products of Conception	0 Open	Z No Device	0 High 1 Low 2 Extraperitoneal

3 Administration, E Physiological Systems and Anatomical Regions

Root Operation: 0 Introduction

Influenza Vaccine in Muscle

Fourth character Muscle (2) character is added as a Body Systems/Region character value to Introduction table 3E0 for the Influenza Vaccine qualifier value. This enables capture of detail for intramuscular injection of influenza vaccine.

Example:

<i>Section</i>	3 Administration		
<i>Body System</i>	E Physiological Systems and Anatomical Regions		
<i>Operation</i>	0 Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products		
2 Muscle	3 Percutaneous	4 Serum, Toxoid and Vaccine	0 Influenza Vaccine Z No Qualifier

5 Extracorporeal or Systemic Assistance and Performance, A Physiological Systems

Root Operation: 1 Performance

Percutaneous Extracorporeal Membrane Oxygenation (ECMO) for Cardiopulmonary Insufficiency

New qualifiers are added to this table to provide granularity and distinguish between ECMO procedures.

Example:

<i>Section</i>	5	Extracorporeal or Systemic Assistance and Performance		
<i>Body System</i>	A	Physiological Systems		
<i>Operation</i>	1	Performance: Completely taking over a physiological function by extracorporeal means		
5 Circulatory	2 Continuous	2 Oxygenation	F Membrane, Central G Membrane, Peripheral Veno-arterial H Membrane, Peripheral Veno-venous	

X New Technology, V Male Reproductive System
Root Operation: 5 Destruction
Robotic Water Resection of the Prostate

Device/Technology value A is added to New Technology table XV5 to report robotic waterjet Aquablation resection of the prostate for treatment of benign prostatic hyperplasia (BPH).

Example:

<i>Section</i>	X	New Technology		
<i>Body System</i>	V	Male Reproductive System		
<i>Operation</i>	5	Destruction: Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent		
<i>Body Part</i>		<i>Approach</i>	<i>Device / Substance / Technology</i>	<i>Qualifier</i>
0 Prostate		8 Via Natural or Artificial Opening Endoscopic	A Robotic Waterjet Ablation	4 New Technology Group 4



ICD-10-CM Coding Guidelines

This section contains highlights of the FY 2019 ICD-10-CM guideline changes. For complete and comprehensive information regarding these changes, please see the full version on the CDC website.

Note: The official guideline document contains all new narrative changes in **bold text**. Underlined items indicate content moved from one location to another within the document. Text in *italics* indicates revisions or heading changes.

FY 2019 ICD-10-CM Guideline Highlights

- **Convention Guideline: I.A.15. “With”** further clarifies causal relationship presumption when two conditions are linked in the index, either **under a main term or a subterm**.
- **General Guidelines:**
 - **I.B.14. Documentation *by Clinicians Other than the Patient’s Provider*** (formerly, Documentation of BMI, Depth of Non-pressure ulcers, coma scale, and NIH stroke scale) is expanded and re-titled to include social determinant of health (Z55-Z65) factors (homelessness, extreme poverty) which may be coded based on clinicians other than the patient’s provider, whose documentation contains such social information.
 - **I.B.19. Coding for Healthcare Encounters in Hurricane Aftermath** new guideline directs appropriate use and sequencing of external causes of injury incurred as a result of a hurricane and associated flooding-related, structure collapse, and other related circumstances. Guideline includes Z code assignment to report other associated reasons for healthcare encounters.
- **Chapter 1 Guidelines:**
 - **I.C.1.d.5. Sepsis due to a postprocedural infection** was expanded to direct appropriate use and sequencing of new FY2019 combination codes that specify types of postprocedural, obstetrical procedure, and certain other iatrogenic infections.
 - **I.C.1.f. Zika virus infection** is expanded to include appropriate use of new FY2019 code Z20.821, Contact with and (suspected) exposure to Zika virus.

FY 2019 ICD-10-CM Guideline Highlights

- Chapter 2 Guidelines:
 - I.C.2.d. Primary malignancy previously excised and I.C.2.m. Current malignancy versus personal history of malignancy clarify that these guidelines apply to excision or eradication of primary malignancy at that (the primary) site.
 - I.C.2.m. clarifies appropriate use of category Z85 Personal history of malignant neoplasm.
 - I.C.5.b.1. Mental and behavioral disorders due to psychoactive substance abuse in remission contains a typographical correction regarding applicable subclassification codes.
- Chapter 5 Guidelines:
 - I.C.5.b.3. Psychoactive substance use, unspecified (formerly Psychoactive Substance Use Disorders), is retitled to clarify guideline application to the appropriate assignment of unspecified psychoactive substance use codes.
 - I.C.5.c. Factitious disorder is a new guideline regarding appropriate use of subcategory F68.1 codes, and new code F68.A Factitious disorder imposed on another, consistent with FY2019 change. This guideline clarifies Munchausen's syndrome (imposed on self) versus Munchausen's syndrome by proxy (imposed on another).
- Chapter 7 Guidelines:
 - I.C.7.a.3. Bilateral glaucoma stage with different types or stages contains a typographical correction regarding applicable subcategories. Subcategory H40.11 Primary open angle glaucoma is removed.

FY 2019 ICD-10-CM Guideline Highlights

- Chapter 9 Guidelines:
 - I.C.9.a.1. Hypertension with heart disease expands the heart conditions to include I50.- or I51.4- I51.7, I51.89, I51.9, and are assigned to a code from category I11, Hypertensive heart disease. Use additional code(s) from category I50, Heart failure, to identify the type(s) of heart failure in those patients with heart failure. The same heart conditions (I50.-, I51.4-I51.7, I51.89, I51.9) with hypertension are coded separately if the provider has documented they are unrelated to the hypertension. Sequence according to the circumstances of the admission/encounter.
 - I.C.9.a.2. Hypertensive chronic kidney disease is edited to clarify that CKD should not be coded as hypertensive if the provider indicates the CKD is not related to hypertension. (Formerly, physician specifically documents a different cause.)
 - I.C.9.a.11. Pulmonary Hypertension is edited to clarify sequencing based on the reason for encounter, except for adverse effects of drugs. OCG 1.C.19.e. takes precedence.
 - I.C.9.e.4. Subsequent acute myocardial infarction clarifies to assign the appropriate type of subsequent MI occurring within 4 weeks of a MI of a different type. If a subsequent myocardial infarction of one type occurs within 4 weeks of a myocardial infarction of a different type, assign the appropriate codes from category I21 to identify each type. Do not assign a code from I22.
 - I.C.9.e.5. Other types of myocardial infarction is edited to include unspecified MI as included in type 1 infarctions, and to clarify reporting of type 2 myocardial infarction.

FY 2019 ICD-10-CM Guideline Highlights

- Chapter 15 Guidelines:
 - I.C.15.I.1. Alcohol, tobacco *and drug* use during pregnancy, childbirth and the puerperium guideline title is edited to include “drug use,” consistent with new guideline I.C.15.I.3. Drug use during pregnancy, childbirth and the puerperium regarding appropriate code assignment of subcategory O99.32, and multiple code sequencing.

- Chapter 17 Guidelines:
 - I.C.17.e. Coma scale clarifies that individual or total GSC scores are not reported for patients with medically induced coma or sedation.

- Chapter 19 Guidelines:
 - I.C.19.d.2. Burns of the same *anatomic* site (formerly Burns of the same local site) is retitled and edited for clarity, and to address laterality.

 - I.C.19.d.5. Assign separate codes for each burn site clarifies use of “multiple site” burn codes. Such codes are only reported when documentation does not specify individual sites.

FY 2019 ICD-10-CM Guideline Highlights

- Chapter 19 Guidelines (continued):
 - I.C.19.e.5.c. Underdosing is edited to specify patient discontinuation of medications on their own initiative as underdosing. Also report a code to indicate noncompliance, such as Z91.14 Patient's other noncompliance with medication regimen, to indicate the patient's intent.
 - I.C.19.f. Adult and child abuse, neglect and other maltreatment is expanded to include appropriate use of new FY2019 subcategory Z04.8- codes regarding suspected forced sexual or labor exploitation.
- Chapter 21 Guidelines:
 - I.C.21.c.3. Status Z codes includes additional guidance to clarify use of Z68 Body mass index (BMI). These codes should only be assigned with the associated diagnosis (overweight or obesity). Do not assign BMI codes during pregnancy.

References

For a complete list of code changes and additional information, refer to the official documents on the CMS and CDC websites at:

- <https://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-PCS.html>
- <https://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD-9-CM-C-and-M-Meeting-Materials.html>
- https://www.cdc.gov/nchs/icd/icd10cm_maintenance.htm
- <https://www.cdc.gov/nchs/icd/icd10cm.htm>
- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Tables.html>



Wrap Up

Thank you for attending our webinar!

At the conclusion of this webinar, a survey will pop up. Your feedback helps us to design training to meet your needs. Upon completion, you will receive an email with your CE certificates.

You will also receive an email within 5 days providing a link to the CE certificates, the webinar recording, and the presentation slides.

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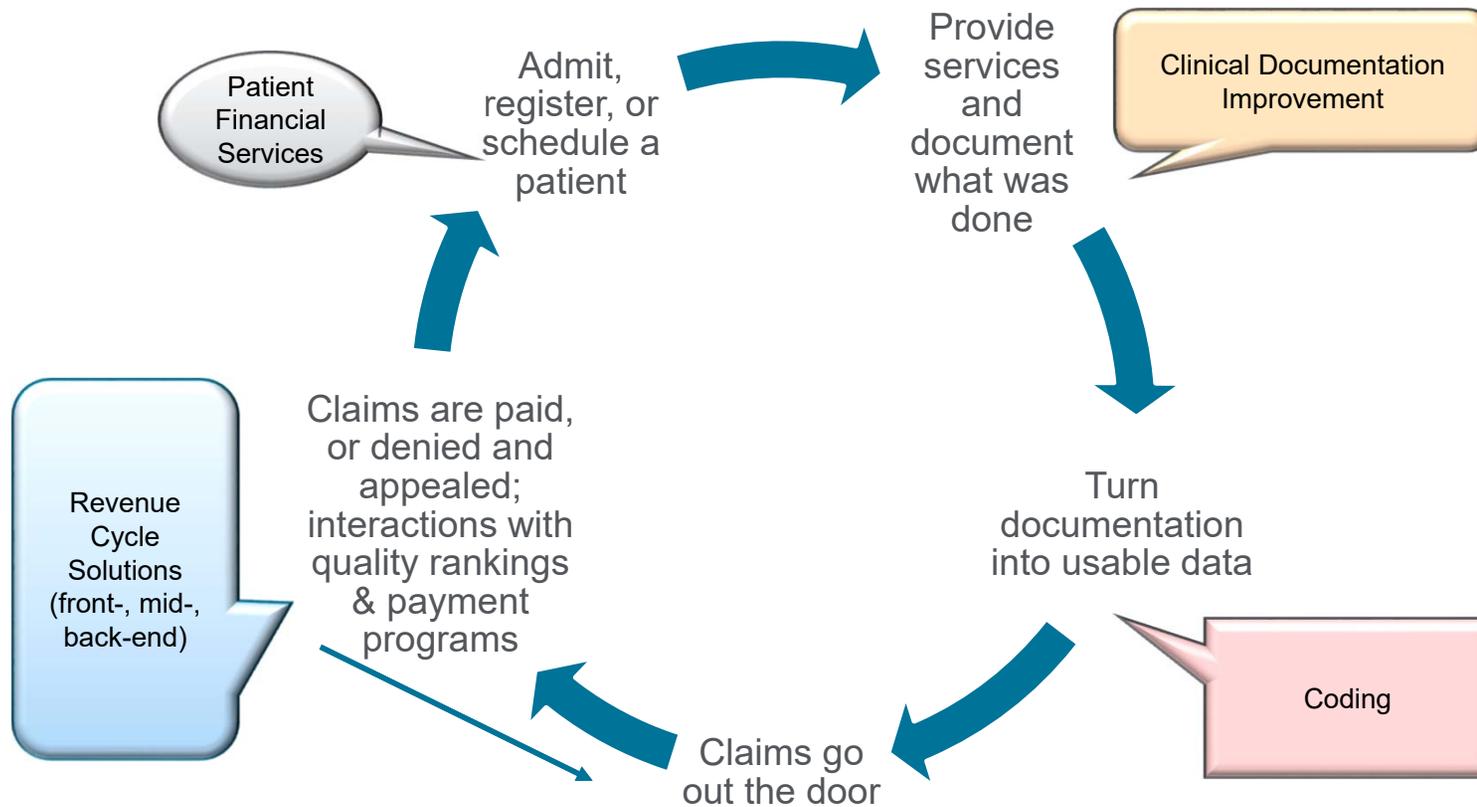
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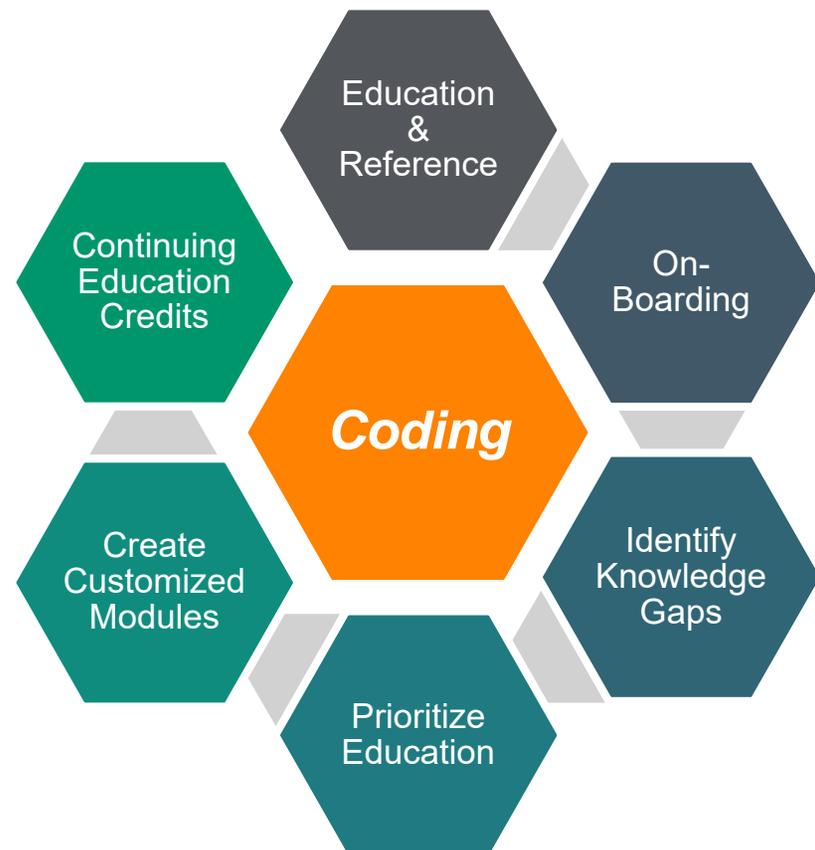
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- Establish medical necessity
- Reduce rework costs





Examples of our Education

Competency Tools

The screenshot shows a web interface for an ICD-10 eLearning assessment. The page title is 'Assessment Results - Gibson, Cliff' and the specific assessment is 'Assessment: EduCode Competency Tool: Inpatient Coding Assessment 1'. A table displays performance across various categories, with a total score of 23.00% (23 correct out of 100 questions). Below the table, there is a remediation section with an 'Assign Lessons' button. A question is displayed: 'Which body part is "cardia" associated with in ICD-10-PCS?' The user's answer was 'Stomach', which is marked as incorrect. The rationale explains that 'cardia' is associated with the esophagogastric junction.

Category	Incorrect	Correct	Percent Correct
Biomedical Knowledge	10	9	47.37%
Data Quality and Management	4	0	0.00%
Diagnosis (ICD-10-CM) Coding	18	5	21.74%
Health Information Documentation	7	3	30.00%
Procedure (ICD-10-PCS) Coding	15	3	16.67%
Regulatory, Payment and Compliance	23	3	11.54%
Total	100	23	23.00%

Your Assessment Results:
Do not use a code from category Z05 when the patient has identified signs or symptoms of a suspected problem; in such cases code the sign or symptom.

Question: 2 Category: Procedure (ICD-10-PCS) Coding

Which body part is "cardia" associated with in ICD-10-PCS?

Incorrect Stomach

Rationale: The term "cardia" is associated with the body part "esophagogastric junction." Refer to the ICD-10-PCS index main term Cardia, use Esophagogastric Junction OR refer to the Body Part Key, Term "Cardia," and ICD-10-PCS value Esophagogastric Junction.

Based upon your results you should complete the following lessons:

Curriculum	Course	Lesson
EduCode Clinical Documentation Improvement	EduCode Clinical Documentation Improvement: Documentation Basics for Clinicians	Documentation Basics for Clinicians: Documentation in the Electronic Health Record (EHR)
EduCode Clinical Documentation Improvement	EduCode Clinical Documentation Improvement: Documentation Basics for Clinicians	Documentation Basics for Clinicians: Essential Documentation for Distinct Situations and Special Needs
EduCode Clinical Documentation Improvement	EduCode Clinical Documentation Improvement: Documentation Basics for Clinicians	Documentation Basics for Clinicians: Fundamentals of Clinical Documentation for Inpatient Services
EduCode Clinical Documentation Improvement	EduCode Clinical Documentation Improvement: Documentation Essentials for Specific Topics, Diagnoses, and Procedures	Documentation Essentials for Specific Topics, Diagnoses, and Procedures: Sepsis and SIRS
EduCode Clinical Documentation Improvement	EduCode Clinical Documentation Improvement: Documentation Essentials for Specific Topics, Diagnoses, and Procedures	Documentation Essentials for Specific Topics, Diagnoses, and Procedures: Chronic Kidney Disease, Renal Calculus, and Urinary Tract Infections
EduCode Clinical Documentation Improvement	EduCode Clinical Documentation Improvement: Documentation Essentials for Specific Topics, Diagnoses, and Procedures	Documentation Essentials for Specific Topics, Diagnoses, and Procedures: Pneumonia
EduCode Clinical Documentation Improvement	EduCode Clinical Documentation Improvement: Documentation Standards	Documentation Standards and Guidelines: Physician Query Process

Coding Education

Menu Annotations Change Manager My Notes Take Test Exit

Cranial nerves lead directly from the brain to the head, neck, and trunk. Some of the cranial nerves are involved in seeing, hearing, and tasting. Other cranial nerves control the muscles of the face and regulate glands. The nerves are named and numbered according to their location.³ The peripheral nerves are the nerves outside the brain and spinal cord. Problems with the peripheral nerves can distort messages from your brain to the rest of your body.¹³

Operations on the cranial and peripheral nerves include lysis of adhesions, decompression of cranial and peripheral nerves, [neuroplasty](#), insertion of neurostimulators and injections into the peripheral nerves for pain control, and operations on the sympathetic nerves or ganglia. To code these procedures in ICD-10-PCS, it is imperative to translate the object of the procedure into the correct root operation.

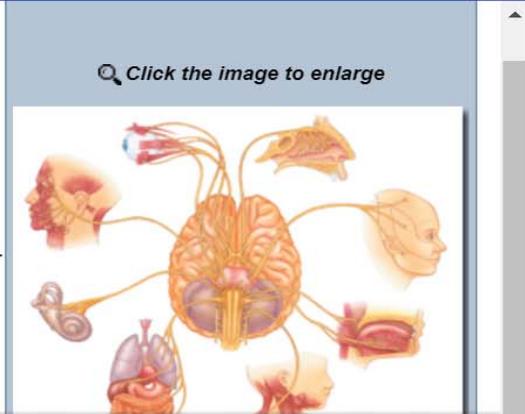
Adhesions are abnormal tissue or scar tissues that form between tissues and organs. They are caused by injury or surgery. The root operation for lysis of adhesions is [Release](#). The root operation Release is defined as *freeing a body part from an abnormal physical constraint by cutting or by use of force*. The body part value assigned is the structure released and not the structure cut to obtain the release, where the two differ. The release of a cervical nerve would be coded to 01N1: medical/surgical (0), peripheral nervous system (1), release (N), nerve, cervical (1).

When coding the release of a median nerve, the transverse carpal ligament is cut to release the median nerve, so the 4th character body part value, is median nerve (5). The ICD-10-PCS code for a median nerve release is [01N50ZZ](#), medical/surgical, peripheral nervous system, release, median nerve, open, no device,

Section	Medical and Surgical	0
Body System	Peripheral Nervous	1
Root Operation	Release	N
Body Part	Median Nerve	5
Approach	Open	0
Device	No Device	Z
Qualifier	No Qualifier	Z

The decompression of cranial or peripheral nerves is also coded to the root operation (0) or peripheral nervous system (1).

The insertion of neurostimulators, injections for pain control, and operations on sympa



MOVE CI

When an adhesiolytic agent is placed during surgery on dissected nerve and muscle surfaces to prevent adhesion formation, is not coded separately. Coding advice suggests the placement of the barrier is not reported because it is a surgical supply, and integral to definitive procedure. For tracking purposes, if a facility wants to track the use of adhesion barrier during surgical procedures, the codes are located in table 3E0 and are applied to a limited selection of anatomical regions.¹³

In addition, the ICD-10-PCS Reference Manual states that *"most material classified as a substance in the Administration section is in liquid form and intended to be immediately absorbed by the body or, in the case of blood and blood products, disseminated in the circulatory system. An exception is the substance value Adhesion Barrier. It is a non-liquid substance classified in the Administration section, and coded separately for tracking purposes."*

Although this coding advice suggests that the adhesion barrier can be reported, adhesion

Knowledge Checks

Type the missing word(s) in each box on the left. Choose from the following: AHIMA, EDI, ICD-10-CM, MAC, and UHDDS. Click **Check Answers** when you are finished.

Entity, regulation, or action

Its role or function

- | | |
|--|---|
| | Hospitals are required to apply ____ definitions when assigning diagnoses and procedures. |
| | A method of transmitting healthcare data is ____. |
| | One of the four Cooperating Parties of the ICD-10-CM is ____. |
| | The ____ processes Medicare billing claims. |
| | A transaction code set under HIPAA is ____. |

 Check Answers
  Answer Key
  Reset Choices

Tries Remaining: 2



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