

FY 2022 Coding Updates Effective October 1, 2021

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Welcome

- So glad you are here
- Let's jump right into the code changes for CY 2022





Introduction

- The 2022 ICD-10-CM Update includes:
 - 159 New Codes
 - 20 Revised Codes
 - 32 Invalid/Deleted Codes





Timeframe For Use

- These codes are effective from October 1, 2021 through September 30, 2022
- For Home Health, as in previous years, the correct coding will be driven by the M0090 date





ICD-10-CM Official Guidelines

- A joint effort between the physician and the coder is essential for complete and accurate documentation and code assignment
- Consistent, complete documentation in the medical record is crucial
- Without this, documentation coding will not be accurate
- The entire record should be reviewed to determine the reason for the encounter and the conditions being treated





Coding Guidelines Excludes 1 & 2 Notes

- Excludes 1 is a pure excludes note and means "NOT CODED HERE"
 - An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note.
 - An exception to an Excludes 1 definition is the circumstance when the two conditions are unrelated to each other.
- Example:
 - E87.1 Hypo-osmolality and hyponatremia
 - Has Excludes 1 note for E22.2 Syndrome of inappropriate secretion of antidiuretic hormone
 - Syndrome of inappropriate secretion of antidiuretic hormone *is not* coded with hyponatremia





Coding Guidelines Excludes 1 & 2 Notes

- Excludes 2 note represents "Not included here"
 - An excludes 2 note indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time.
 - When an excludes 2 note appears under a code it is acceptable to use both the code and the excluded code together when appropriate.
- Example:
 - L03.11 Cellulitis of abdominal wall has an Excludes 2 note for cellulitis of groin L03.14
 - Physician documentation states that patient has cellulitis of the left groin and of the right abdominal wall. In this case as patient has both conditions at the same time, they *can be* coded together.





- 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.
 - Codes for "unspecified" side should rarely be used, such as when the documentation in the record is insufficient to determine the affected side and it is not possible to obtain clarification.





Documentation by Clinicians Other than the Patient's Provider

- There are a few exceptions when code assignment may be based on medical record documentation from clinicians who are not the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis).
- In this context, "clinicians" other than the patient's provider refer to healthcare professionals permitted, based on regulatory or accreditation requirements or internal hospital policies, to document in a patient's official medical record.





- Documentation by Clinicians Other than the Patient's Provider
 - These exceptions include codes for:
 - Body Mass Index (BMI)
 - Depth of non-pressure chronic ulcers
 - Pressure ulcer stage
 - Coma scale
 - NIH stroke scale (NIHSS)
 - Social determinants of health (SDOH)
 - Laterality
 - Blood alcohol level





Documentation by Clinicians 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 can document the BMI, a nurse documents the pressure ulcer stages, and an EMT can document the coma scale).
- However, the associated diagnosis (such as overweight, obesity, acute stroke, pressure ulcer, or a condition classifiable to category F10, Alcohol related disorders) must be documented by the patient's provider. If there is conflicting medical record documentation, either from the same clinician or different clinicians, the patient's attending provider should be queried for clarification.
- The BMI, coma scale, NIHSS, *blood alcohol level* codes and *codes for social determinants of health* should only be reported as secondary diagnoses.
- See Section I.C.21.c.17 for additional information regarding coding social determinants of health.





Chapter 1 - Certain Infectious & Parasitic Diseases (A00-B99)





Chapter 1- Certain Infectious And Parasitic Diseases

- A80 Acute poliomyelitis
 - Add Excludes 1:
 - Acute flaccid myelitis (G04.82)
- B94.9 Sequelae of unspecified infectious and parasitic disease
 - Add Excludes 2:
 - post COVID-19 condition (U09.9)





Chapter 1- Certain Infectious And Parasitic Diseases

B97.4 Respiratory syncytial virus (RSV) as the cause of diseases classified elsewhere

Changed Excludes 2 notes to Excludes 1 notes:

- acute bronchiolitis due to respiratory syncytial virus (RSV) (J21.0)
- acute bronchitis due to respiratory syncytial virus (RSV) (J20.5)
- respiratory syncytial virus (RSV) pneumonia (J12.1)





Chapter 1- Certain Infectious And Parasitic Diseases – Guideline Updates

Guideline Updates:

- **Z21, Asymptomatic human immunodeficiency virus [HIV] infection status**, is to be applied when the patient without any documentation of symptoms is listed as being "HIV positive," "known HIV," "HIV test positive," or similar terminology.
- Do not use this code if the term "AIDS" *or "HIV disease"* is used or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from his/her HIV positive status; use **B20** in these cases.





Chapter 1- Certain Infectious And Parasitic Diseases – Guideline Updates

Guideline Updates:

- History of HIV managed by medication
 - If a patient with documented history of HIV disease is currently managed on antiretroviral medications, assign code B20, Human immunodeficiency virus [HIV] disease.
 - Code Z79.899, Other long term (current) drug therapy, may be assigned as an additional code to identify the long-term (current) use of antiretroviral medications.





Chapter 2 – Neoplasms (C15–D49)





Chapter 2 – Neoplasms

- C56 Malignant neoplasm of ovary
 - NEW C56.3 Malignant neoplasm of bilateral ovaries
- C79.6 Secondary malignant neoplasm of ovary
 - NEW C79.63 Secondary malignant neoplasm of bilateral ovaries





Chapter 2 – Neoplasms

- C84.7 Anaplastic large cell lymphoma, ALK-negative
 - NEW C84.7A Anaplastic large cell lymphoma, ALK-negative, breast
 - Inclusion Term:
 - Breast implant associated anaplastic large cell lymphoma (BIA-ALCL)
 - Use Additional code to identify note:
 - breast implant status (Z98.82)
 - personal history of breast implant removal (Z98.86)





Chapter 2 – Neoplasms

- D47.3 Essential (hemorrhagic) thrombocythemia
 - **NEW** Inclusion Term:
 - Primary thrombocytosis
 - NEW Excludes 2:
 - reactive thrombocytosis (D75.838)
 - secondary thrombocytosis (D75.838)
 - thrombocythemia NOS (D75.839)
 - thrombocytosis NOS (D75.839)









- D55.2 Anemia due to disorders of glycolytic enzymes
 - Delete Inclusion Terms as adding new codes (on next slide):
 - Hemolytic nonspherocytic (hereditary) anemia, type II
 - Hexokinase deficiency anemia
 - Pyruvate kinase [PK] deficiency anemia
 - Triose-phosphate isomerase deficiency anemia





- D55.2 Anemia due to disorders of glycolytic enzymes
 - NEW D55.21 Anemia due to pyruvate kinase deficiency
 - Inclusion Terms:
 - PK deficiency anemia
 - Pyruvate kinase deficiency anemia
 - New D55.29 Anemia due to other disorders of glycolytic enzymes
 - Inclusion Terms:
 - Hexokinase deficiency anemia
 - Triose-phosphate isomerase deficiency anemia





- D75.8 Other specified diseases of blood and blood-forming organs
 - NEW D75.83 Thrombocytosis
 - Excludes 2:
 - essential thrombocythemia (D47.3)
 - NEW D75.838 Other thrombocytosis
 - Inclusion Terms:
 - Reactive thrombocytosis
 - Secondary thrombocytosis
 - Code also note:
 - underlying condition, if known and applicable





- D75.8 Other specified diseases of blood and blood-forming organs
 - NEW D75.839 Thrombocytosis, unspecified
 - Inclusion Terms:
 - Thrombocythemia NOS
 - Thrombocytosis NOS
- D89.4 Mast cell activation syndrome and related disorders
 - New D89.44 Hereditary alpha tryptasemia
 - Use Additional Code, if applicable, for:
 - allergy status, other than to drugs and biological substances (Z91.0-)
 - personal history of anaphylaxis (Z87.892)





Chapter 4 – Endocrine, Nutritional & Metabolic Diseases (E00-E89)





Chapter 4 - Endocrine, Nutritional And Metabolic Diseases – Guideline Updates

Diabetes mellitus and the use of insulin, oral hypoglycemics, and injectable noninsulin drugs:

- If the documentation does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11-, Type 2 diabetes mellitus, should be assigned.
- Additional code(s) should be assigned from category Z79 to identify the long-term (current) use of insulin, oral hypoglycemic drugs, or injectable non-insulin antidiabetic.





Chapter 4 - Endocrine, Nutritional And Metabolic Diseases – Guideline Updates

Guideline Updates - Secondary diabetes mellitus

- Codes under categories E08, Diabetes mellitus due to underlying condition, E09, Drug or chemical induced diabetes mellitus, and E13, Other specified diabetes mellitus, identify complications/manifestations associated with secondary diabetes mellitus.
- Secondary diabetes mellitus and the use of insulin, oral hypoglycemic drugs, or injectable noninsulin drugs
 - For patients with secondary diabetes mellitus who routinely use insulin, oral hypoglycemic drugs, or injectable non-insulin drugs, additional code(s) from category Z79 should be assigned to identify the long-term (current) use of insulin, oral hypoglycemic drugs, or non-injectable non-insulin drugs.





GUIDELINE UPDATES - Diabetes Mellitus/Secondary Diabetes Mellitus And The Use Of Insulin, Oral Hypoglycemics, & Injectable Non-insulin Drugs

- If the patient is treated with both oral medications and insulin, both codes Z79.4, Long term (current) use of insulin, and code Z79.84, Long term (current) use of oral hypoglycemic drugs, should be assigned.
- If the patient is treated with both insulin and an injectable non-insulin antidiabetic drug, assign codes Z79.4, Long term (current) use of insulin, and Z79.899, Other long term (current) drug therapy.
- If the patient is treated with both oral hypoglycemic drugs and an injectable non-insulin antidiabetic drug, assign codes Z79.84, Long term (current) use of oral hypoglycemic drugs, and Z79.899, Other long term (current) drug therapy.
- Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter.





Chapter 4 - Endocrine, Nutritional And Metabolic Diseases – Guideline Updates

- Some of the Non-insulin Injectable medications coded to **Z79.899** include:
 - Exenatide (Byetta)
 - Exenatide Extended Release (Bydureon)
 - Liraglutide (Victoza)
 - Dulaglutide (Trulicity)
 - Albiglutide (Tanzeum)
 - Pramlintide (Symlin)
- These drugs generally act to keep food in the stomach longer, increase insulin when you eat, and lowers the amount of glucose released by the liver.





Chapter 5 – Mental, Behavioral & Neuro-Developmental Disorders (F01-F99)





Chapter 5 - Mental, Behavioral, Neurodevelopmental Disorders – **Guideline Updates**

- NEW Guideline Updates: Medical Conditions Due to Psychoactive Substance Use, Abuse and Dependence
 - Medical Conditions Due to Psychoactive Substance Use, Abuse and Dependence Medical conditions due to substance use, abuse, and dependence are not classified as substance-induced disorders.
 - Assign the diagnosis code for the medical condition as directed by the Alphabetical Index along with the appropriate psychoactive substance use, abuse or dependence code.
 - For example, for alcoholic pancreatitis due to alcohol dependence, assign the appropriate code from subcategory K85.2, Alcohol induced acute pancreatitis, and the appropriate code from subcategory F10.2, such as code F10.20, Alcohol dependence, uncomplicated. It would not be appropriate to assign code F10.288, Alcohol dependence with other alcohol-induced disorder.





Chapter 5 - Mental, Behavioral, Neurodevelopmental Disorders – **Guideline Updates**

NEW: Guideline Updates: Blood Alcohol Level

 A code from category Y90, Evidence of alcohol involvement determined by blood alcohol level, may be assigned when this information is documented and the patient's provider has documented a condition classifiable to category F10, Alcohol related disorders. The blood alcohol level does not need to be documented by the patient's provider in order for it to be coded.





Chapter 5 - Mental, Behavioral, & Neurodevelopmental Disorders

F32 Code Category Revision:

- From: F32 Major depressive disorder, single episode
- To: F32 Depressive episode

F32.9 Major depressive disorder, single episode

- Remove Inclusion Terms:
 - Depression NOS
 - Depressive disorder NOS
- NEW F32. A Depression, unspecified
 - Inclusion Terms:
 - Depression NOS
 - Depressive disorder NOS





Chapter 5 - Mental, Behavioral, & Neurodevelopmental Disorders

- F78 Other intellectual disabilities
 - NEW F78.A Other genetic related intellectual disabilities
 - *NEW* F78.A1 SYNGAP1-related intellectual disability
 - Add Code Also, if applicable, any associated:
 - autism spectrum disorder (F84.0)
 - autistic disorder (F84.0)
 - encephalopathy (G93.4-)
 - epilepsy and recurrent seizures (G40.-)
 - other pervasive developmental disorders (F84.8)
 - pervasive developmental disorder, NOS (F84.9)
 - NEW F78.A9 Other genetic related intellectual disabilities
 - Add: Code also, if applicable, any associated disorders





Chapter 5 - Mental, Behavioral, & Neurodevelopmental Disorders

- F50 Eating disorders Changes Exclude 1 to Exclude 2:
 - feeding difficulties (R63.3)
- F98.2 Other feeding disorders of infancy and childhood Changes Exclude 1 to Exclude 2:
 - feeding difficulties (R63.3)
- F48 Pervasive developmental disorders
 - Delete:
 - Use Additional code to identify any associated medical condition and intellectual disabilities
 - Add:
 - Code also any associated medical condition and intellectual disabilities





Chapter 6 – Diseases of the Nervous System (G00-G99)





- **G04.8** Other encephalitis, myelitis and encephalomyelitis
 - *NEW* G04.82 Acute flaccid myelitis
 - Excludes 1:
 - transverse myelitis (G37.3)
- G05 Encephalitis, myelitis and encephalomyelitis in diseases classified elsewhere
- CHANGES Exclude 1 notes to Code First notes:
 - congenital toxoplasmosis encephalitis, myelitis and encephalomyelitis (P37.1)
 - cytomegaloviral encephalitis, myelitis and encephalomyelitis (B25.8)
 - encephalitis, myelitis and encephalomyelitis (in) systemic lupus erythematosus (M32.19)
 - eosinophilic meningoencephalitis (B83.2)





- G37.3 Acute transverse myelitis in demyelinating disease of central nervous system
 - Add Excludes1:
 - acute flaccid myelitis (G04.82)
- G44.8 Other specified headache syndromes
 - New -G44.86 Cervicogenic headache
 - Add: Code also associated cervical spinal condition, if known
- G63 Polyneuropathy in diseases classified elsewhere
 - Revise Excludes1:
 - **From:** infectious mononucleosis (B27.0-B27.9 with 1)
 - To: infectious mononucleosis complicated by polyneuropathy (B27.0-B27.9 with fifth character 1)





- G73.7 Myopathy in diseases classified elsewhere
 - Revise Excludes 1:
 - From: sicca syndrome [Sjögren] (M35.03)
 - To: Sjögren syndrome (M35.03)
- G92 Toxic encephalopathy
 - Delete Inclusion Terms:
 - Toxic encephalitis
 - Toxic metabolic encephalopathy
 - Delete Code First, if applicable Note:
 - drug induced (T36-T50) or use (T51-T65) to identify toxic agent





- NEW G92.8 Other toxic encephalopathy
 - Inclusion Terms:
 - Toxic encephalitis
 - Toxic metabolic encephalopathy
 - Code First, if applicable:
 - Code first poisoning due to drug or toxin, if applicable, (T36-T65 with fifth or sixth character 1-4 or 6)
 - Use Additional code:
 - Use Additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)





NEW - G92.9 Unspecified toxic encephalopathy

- Code First, if applicable:
 - Code first poisoning due to drug or toxin, if applicable, (T36-T65 with fifth or sixth character 1-4 or 6)
- Use Additional code:
 - Use Additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)





- G93.4 Other and unspecified encephalopathy
 - Revise Excludes2:
 - From: toxic (metabolic) encephalopathy (G92)
 - To: toxic (metabolic) encephalopathy (G92.8)
- G93.5 Compression of brain
 - Delete Excludes 1:
 - diffuse traumatic compression of brain (S06.2-)
 - focal traumatic compression of brain (S06.3-)
 - Add Excludes 1:
 - traumatic compression of brain (S06.A-)





NEW Category- G92.0 Immune effector cell-associated neurotoxicity syndrome ICANS

- Code First underlying cause such as:
 - complications of immune effector cellular therapy (T80.82)
- Code Also:
 - associated signs and symptoms, such as seizures and cerebral edema
- Code First, if applicable:
 - cerebral edema (G93.6)
 - unspecified convulsions (R56.9)





- 6 NEW Subcategories- each with a new inclusion term
- G92.00 Immune effector cell-associated neurotoxicity syndrome, grade unspecified
 - ICANS, grade unspecified
- G92.01 Immune effector cell-associated neurotoxicity syndrome, grade 1
 - ICANS, grade 1
- G92.02 Immune effector cell-associated neurotoxicity syndrome, grade 2
 - ICANS, grade 2
- G92.03 Immune effector cell-associated neurotoxicity syndrome, grade 3
 - ICANS, grade 3
- G92.04 Immune effector cell-associated neurotoxicity syndrome, grade 4
 - ICANS, grade 4
- G92.05 Immune effector cell-associated neurotoxicity syndrome, grade 5
 - ICANS, grade 5





Chapter 9 – Diseases of the Circulatory System (100-199)





- This chapter contains the following blocks:
 - Revise from: I30-I52 Other forms of heart disease
 - **Revise to:** I30-*I5A* Other forms of heart disease
- Ischemic heart diseases (I20-I25)
 - Delete: Use Additional code to identify presence of hypertension (I10-I16)
 - Add: Code also the presence of hypertension (I10-I16)
 - A "code also" note instructs that two codes may be required to fully describe a condition, but this note does not provide sequencing direction. The sequencing depends on the circumstances of the encounter.
 - *No longer required* to sequence I20-I25 codes prior to hypertension codes (I10-I16)





- I24 Other acute ischemic heart diseases
 - Add Excludes 2: non-ischemic myocardial injury (I5A)
- I25 Chronic ischemic heart disease
 - Add Excludes 2: non-ischemic myocardial injury (I5A)
- Delete Section Description: Other forms of heart disease (I30-I52)
- Add Section Description: Other forms of heart disease (I30-I5A)





I50 Heart failure

- **Delete Excludes 1:** neonatal cardiac failure (P29.0)
- Add Excludes 2: neonatal cardiac failure (P20.0)
- NEW: I5A Non-ischemic myocardial injury (non-traumatic)
 - Inclusion Terms:
 - Acute (non-ischemic) myocardial injury
 - Chronic (non-ischemic) myocardial injury
 - Unspecified (non-ischemic) myocardial injury





- NEW: I5A Non-ischemic myocardial injury (non-traumatic) Continued
 - Code first the underlying cause, if known and applicable:
 - acute kidney failure (N17.-)
 - acute myocarditis (I40.-)
 - cardiomyopathy (I42.-)
 - chronic kidney disease (CKD) (N18.-)
 - heart failure (I50.-)
 - hypertensive urgency (I16.0)

- nonrheumatic aortic valve disorders (I35.-)
- paroxysmal tachycardia (I47.-)
- pulmonary embolism (I26.-)
- pulmonary hypertension (I27.0, I27.2-)
- sepsis (A41.-)
- takotsubo syndrome (I51.81)





- *NEW:* I5A Non-ischemic myocardial injury (non-traumatic) –Continued
 - Excludes 1:
 - acute myocardial infarction (I21.-)
 - injury of heart (S26.-)
 - Excludes 2:
 - other acute ischemic heart diseases (I24.-)
- I83 Varicose veins of lower extremities
 - Change from Excludes 1 to Excludes 2 notes:
 - varicose veins complicating pregnancy (O22.0-)
 - varicose veins complicating the puerperium (O87.4)





Chapter 10 – Diseases of the Respiratory System (J00-J99)





Chapter 10 - Diseases of the Respiratory System

- J05 Acute obstructive laryngitis [croup] and epiglottitis
 - Revise Code also:
 - From: , if present, such as:
 - To: , influenza, if present, such as:
- J47.0 Bronchiectasis with acute lower respiratory infection
 - Delete Use Additional Code:
 - Use Additional Code to identify infection
 - Add Code Also:
 - Code also to identify infection, if applicable





Chapter 11 – Diseases of the Digestive System (K00-K95)





- K11.8 Other diseases of salivary glands
 - Revise Excludes 1:
 - From: sicca syndrome [Sjögren] (M35.0-)
 - To: Sjögren syndrome (M35.0-)
- K22.8 Other specified diseases of esophagus
 - Delete Inclusion Term:
 - Hemorrhage of esophagus NOS





- K22.8 Other specified diseases of esophagus 3 new codes
 - NEW K22.81 Esophageal polyp
 - Excludes 1:
 - Benign neoplasm of esophagus (D13.0)
 - NEW K22.82 Esophagogastric junction polyp
 - Excludes 1:
 - Benign neoplasm of stomach (D13.1)
 - *NEW* K22.89 Other specified disease of esophagus
 - Inclusion Term:
 - Hemorrhage of esophagus NOS





- NEW K31.A Gastric intestinal metaplasia
 - NEW K31.A0 Gastric intestinal metaplasia, unspecified
 - Inclusion Terms:
 - Gastric intestinal metaplasia indefinite for dysplasia
 - Gastric intestinal metaplasia NOS





NEW - K31.A1 Gastric intestinal metaplasia without dysplasia

- **NEW K31.A11** Gastric intestinal metaplasia without dysplasia, involving the *antrum*
- **NEW K31.A15** Gastric intestinal metaplasia without dysplasia, involving *multiple sites*
- **NEW K31.A19** Gastric intestinal metaplasia without dysplasia, unspecified site





- NEW K31.A Gastric intestinal metaplasia
 - **NEW K31.A2** Gastric intestinal metaplasia with dysplasia
 - NEW K31.A22 Gastric intestinal metaplasia with high grade dysplasia
 - NEW K31.A29 Gastric intestinal metaplasia with dysplasia, unspecified
- K52.2 Allergic and dietetic gastroenteritis and colitis
 - Delete Excludes 2:
 - food protein-induced proctocolitis (K52.82)





K52.29 Other allergic and dietetic gastroenteritis and colitis

- Add Inclusion Terms:
 - Allergic proctocolitis
 - Food-induced eosinophilic proctocolitis
 - Food protein-induced proctocolitis
 - Milk protein-induced proctocolitis

K52.82 Eosinophilic colitis

- Delete Inclusion Terms:
 - Allergic proctocolitis
 - Food-induced eosinophilic proctocolitis
 - Food protein-induced proctocolitis
 - Milk protein-induced proctocolitis





- K52.82 Eosinophilic colitis continued
 - Add Excludes 2:
 - Allergic proctocolitis (K52.29)
 - Food-induced eosinophilic proctocolitis (K52.29)
 - food protein-induced enterocolitis syndrome (FPIES) (K52.21)
 - Food protein-induced proctocolitis (K52.29)
 - Milk protein-induced proctocolitis (K52.29)





- K72.1 Chronic hepatic failure
 - Add Inclusion Term:
 - End stage liver disease
- K77 Liver disorders in diseases classified elsewhere
 - Add Code first:
 - infectious mononucleosis with liver disease (B27.0-B27.9 with .9)
 - Delete Excludes 1:
 - infectious mononucleosis with liver disease (B27.0-B27.9 with .9)





Chapter 12 – Diseases of the Skin & Subcutaneous Tissue (L00-L99)





- *NEW* L24.A Irritant contact dermatitis due to friction or contact with body fluids
 - Excludes 1:
 - irritant contact dermatitis related to stoma or fistula (L24.B-)
 - Excludes 2:
 - erythema intertrigo (L30.4)
 - NEW L24.A0 Irritant contact dermatitis due to friction or contact with body fluids, unspecified
 - NEW L24.A1 Irritant contact dermatitis due to saliva





- **NEW L24.A2** Irritant contact dermatitis due to fecal, urinary or dual incontinence
 - Excludes 1:
 - diaper dermatitis (L22)
- NEW L24.A9 Irritant contact dermatitis due to friction or contact with other specified body fluids
 - Inclusion Terms:
 - Irritant contact dermatitis related to endotracheal tube
 - Wound fluids, exudate





- NEW L24.B Irritant contact dermatitis related to stoma or fistula
 - Use Additional code: to identify any artificial opening status (Z93.-), if applicable, for contact dermatitis related to stoma secretions
 - *NEW* L24.B0 Irritant contact dermatitis related to unspecified stoma or fistula
 - Inclusion Terms:
 - Irritant contact dermatitis related to fistula NOS
 - Irritant contact dermatitis related to stoma NOS
 - *NEW* L24.B1 Irritant contact dermatitis related to digestive stoma or fistula
 - Inclusion Terms:
 - Irritant contact dermatitis related to gastrostomy
 - Irritant contact dermatitis related to jejunostomy
 - Irritant contact dermatitis related to saliva or spit fistula





- NEW L24.B Irritant contact dermatitis related to stoma or fistula continued
 - NEW L24.B2 Irritant contact dermatitis related to respiratory stoma or fistula
 - Inclusion Terms:
 - Irritant contact dermatitis related to tracheostomy
 - NEW L24.B3 Irritant contact dermatitis related to fecal or urinary stoma or fistula
 - Inclusion Terms:
 - Irritant contact dermatitis related to colostomy
 - Irritant contact dermatitis related to enterocutaneous fistula
 - Irritant contact dermatitis related to ileostomy





Chapter 12- Diseases Of The Skin & Subcutaneous Tissue – Guideline Updates

Unstageable pressure ulcers

- Assignment of the code for unstageable pressure ulcer (L89.--0) should be based on the clinical documentation.
- These codes are used for pressure ulcers whose stage cannot be clinically determined (e.g., the ulcer is covered by eschar or has been treated with a skin or muscle graft). This code should not be confused with the codes for unspecified stage (L89.--9).
- When there is no documentation regarding the stage of the pressure ulcer, assign the appropriate code for unspecified stage (L89.-- 9).
- If during an encounter, the stage of an unstageable pressure ulcer is revealed after debridement, assign only the code for the stage revealed following debridement.





Chapter 13 – Diseases of the Musculoskeletal System & Connective Tissue (M00-M99)





Chapter 13 - Diseases Of The Musculoskeletal System & Connective Tissue

- M31 Other necrotizing vasculopathies
 - M31.1 Thrombotic microangiopathy
 - Delete Inclusion Term:
 - Thrombotic thrombocytopenic purpura
 - NEW M31.10 Thrombotic microangiopathy, unspecified
 - NEW M31.11 Hematopoietic stem cell transplantation-associated thrombotic microangiopathy [HSCT-TMA]
 - Inclusion Term:
 - Transplant-associated thrombotic microangiopathy [TA-TMA]
 - Code First if applicable:
 - complications of bone marrow transplant (T86.0-)
 - complications of stem cell transplant (T86.5)





Chapter 13 - Diseases Of The Musculoskeletal System & Connective Tissue

- NEW M31.11 Hematopoietic stem cell transplantation-associated thrombotic microangiopathy [HSCT-TMA]
 - Use additional code to identify specific organ dysfunction, such as:
 - acute kidney failure (N17.-)
 - acute respiratory distress syndrome (J80)
 - capillary leak syndrome (178.8)
 - diffuse alveolar hemorrhage (R04.89)
 - encephalopathy (metabolic) (septic) (G93.41)
 - fluid overload, unspecified (E87.70)

NEW - M31.19 Other thrombotic microangiopathy

- Inclusion Term:
- Thrombotic thrombocytopenic purpura

- graft versus host disease (D89.81-)
- hemolytic uremic syndrome (D59.3)
- hepatic failure (K72.-)
- hepatic veno-occlusive disease (K76.5)
- idiopathic interstitial pneumonia (J84.11-)
- sinusoidal obstruction syndrome (K76.5)





Chapter 13 - Diseases Of The Musculoskeletal System & Connective Tissue

- M34.81 Systemic sclerosis with lung involvement
 - Add Code also if applicable:
 - other interstitial pulmonary diseases (J84.89)
 - secondary pulmonary arterial hypertension (I27.21)
- M35 Other systemic involvement of connective tissue
 - M35 codes from M35.00- M35.04 are changed from Sicca to Sjogren: *Example:*
 - Revise From: M35.0 Sicca syndrome [Sjögren] To: M35.0 Sjögren syndrome
 - Add Inclusion Term:
 - Sicca syndrome
 - Add Use additional code:
 - to identify associated manifestations
 - Add Excludes 1:
 - dry mouth, unspecified (R68.2)





- M35 Other systemic involvement of connective tissue -7 new codes
 - NEW M35.05 Sjögren syndrome with inflammatory arthritis
 - **NEW M35.06** Sjögren syndrome with peripheral nervous system involvement
 - **NEW M35.07** Sjögren syndrome with central nervous system involvement
 - **NEW M35.08** Sjögren syndrome with gastrointestinal involvement
 - **NEW M35.0A** Sjögren syndrome with glomerular disease
 - **NEW M35.0B** Sjögren syndrome with vasculitis
 - **NEW M35.0C** Sjögren syndrome with dental involvement
 - **Revise Code From:** M35.09 Sicca syndrome with other organ involvement
 - **Revise Code To:** M35.09 Sjögren syndrome with other organ involvement





• M35.7 Hypermobility syndrome

- Changed Excludes 1 to Excludes 2 Note:
 - Ehlers-Danlos syndromes (Q79.6-)

M35.81 Multisystem inflammatory syndrome

- Use Additional Code:
 - Remove: sequelae of COVID-19 (B94.8)
 - Add: post COVID-19 condition (U09.9)





- M40 Kyphosis and lordosis
 - Add Code First underlying disease
- M41 Scoliosis
 - Changed Excludes 1 to Excludes 2 Note:
 - postprocedural scoliosis (M96.-)
- M41.5 Other secondary scoliosis
 - Add Code First underlying disease





- M54.5 Low back pain
 - Remove Inclusion Terms:
 - Loin pain, Lumbago NOS
- NEW M54.50 Low back pain, unspecified
 - Inclusion Terms:
 - Loin pain. Lumbago NOS
- NEW M54.51 Vertebrogenic low back pain
 - Inclusion Term:
 - Low back vertebral endplate pain
- NEW M54.59 Other low back pain









- R05 Cough
 - Changed Excludes 1 to Excludes 2 Note:
 - cough with hemorrhage (R04.2)
 - Add Excludes 1:
 - paroxysmal cough due to Bordetella pertussis (A37.0-)





- NEW R05.1 Acute cough
- NEW R05.2 Subacute cough
- NEW R05.3 Chronic cough
 - Add Inclusion Terms:
 - Persistent cough
 - Refractory cough
 - Unexplained cough





- NEW R05.4 Cough syncope
 - Add- Code first Syncope and collapse (R55)
- NEW R05.8 Other specified cough
- NEW R05.9 Cough, unspecified





- R35.8 Other polyuria
 - Remove Inclusion Term:
 - Polyuria NOS
- NEW R35.81 Nocturnal polyuria
 - Add Excludes 2:
 - nocturnal enuresis (N39.44)
- NEW R35.89 Other polyuria
 - Add Inclusion Term:
 - Polyuria NOS





Chapter 18 – Symptoms, Signs & Abnormal Clinical & Lab Findings - Guideline Updates

Coma Scale

- The coma scale codes (*R40.21- to R40.24-*) can be used in conjunction with traumatic brain injury codes.
- These codes 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).
- If multiple coma scores are captured within the first 24 hours after hospital admission, assign only the code for the score at the time of admission.
- ICD-10-CM does not classify coma scores that are reported after admission but less than 24 hours later.





NEW - R45.88 Nonsuicidal self-harm

- Add Inclusion Terms:
 - Nonsuicidal self-injury
 - Nonsuicidal self-mutilation
 - Self-inflicted injury without suicidal intent
- Add- Code Also injury if known
- R57 Shock, not elsewhere classified
 - **Delete:** Anesthetic shock (T88.3)
 - Add: Shock due to anesthesia (T88.2)





- R63.3 Feeding difficulties
 - Delete Inclusion Terms:
 - Feeding problem (elderly) (infant) NOS
 - Picky eater
 - Change Excludes 1 to Excludes 2 :
 - eating disorders (F50.-)
 - feeding problems of newborn (P92.-)
 - infant feeding disorder of nonorganic origin (F98.2-)





- NEW R63.30 Feeding difficulties, unspecified
- NEW R63.31 Pediatric feeding disorder, acute
 - Add Inclusion Term:
 - Pediatric feeding dysfunction, acute
 - Add- Code also, if applicable, associated conditions such as:
 - aspiration pneumonia (J69.0)
 - dysphagia (R13.1-)
 - gastro-esophageal reflux disease (K21.-)
 - malnutrition (E40-E46)





- NEW R63.32 Pediatric feeding disorder, chronic
 - Add Inclusion Term:
 - Pediatric feeding dysfunction, chronic
 - Add Code also, if applicable, associated conditions such as:
 - aspiration pneumonia (J69.0)
 - dysphagia (R13.1-)
 - gastro-esophageal reflux disease (K21.-)
 - malnutrition (E40-E46)
- NEW R63.39 Other feeding difficulties
 - Add Inclusion Terms:
 - Feeding problem (elderly) (infant) NOS
 - Picky eater





- R68.2 Dry mouth, unspecified
 - Revise Excludes 1:
 - From: dry mouth due to sicca syndrome [Sjögren] (M35.0-)
 - To: dry mouth due to Sjögren syndrome (M35.0-)
- NEW R79.83 Abnormal findings of blood amino-acid level
 - Add Inclusion Terms:
 - Homocysteinemia
 - Add Excludes 1:
 - disorders of amino-acid metabolism (E70-E72)









- 4 codes for Intracranial Injury add the same "Use Additional code" note
 - S06.2 Diffuse traumatic brain injury
 - S06.3 Focal traumatic brain injury
 - S06.5 Traumatic subdural hemorrhage
 - S06.6 Traumatic subarachnoid hemorrhage
 - Use Additional code, if applicable, for traumatic brain compression or herniation (S06.A-)





- NEW S06.A Traumatic brain compression and herniation
 - Inclusion Term:
 - Traumatic cerebral compression
 - Code first the underlying traumatic brain injury, such as:
 - diffuse traumatic brain injury (S06.2-)
 - focal traumatic brain injury (S06.3-)
 - traumatic subdural hemorrhage (S06.5-)
 - traumatic subarachnoid hemorrhage (S06.6-)





- NEW S06.A0 Traumatic brain compression without herniation
 - Inclusion Term:
 - Traumatic brain compression NOS
 - Traumatic cerebral compression NOS

NEW - S06.A1 Traumatic brain compression with herniation

- Inclusion Term:
 - Traumatic brain herniation
 - Traumatic brainstem compression with herniation
 - Traumatic cerebellar compression with herniation
 - Traumatic cerebral compression with herniation





- S82 Fracture of lower leg, including ankle
 - Revise Excludes 2:
 - From: periprosthetic fracture of prosthetic implant of knee (M97.0-)
 - To: periprosthetic fracture around internal prosthetic implant of knee joint (M97.1-)

S92 Fracture of foot and toe, except ankle

- Changes Excludes 1 to Excludes 2 Note:
 - traumatic amputation of ankle and foot (S98.-)





Chapter 19 –Injury, Poisoning & Other Consequences Of External Causes – **Guideline Updates**

Coding of Burns and Corrosions

- Burns and corrosions classified to extent of body surface involved
- Assign codes from category T31, Burns classified according to extent of body surface involved, or T32, Corrosions classified according to extent of body surface involved, *for acute burns or corrosions* when the site of the burn *or corrosion* is not specified or when there is a need for additional data.
- It is advisable to use category T31 as additional coding when needed to provide data for evaluating burn mortality, such as that needed by burn units. It is also advisable to use category T31 as an additional code for reporting purposes when there is mention of a third-degree burn involving 20 percent or more of the body surface. *Codes from categories T31 and T32 should not be used for sequelae of burns or corrosions.*





 There are several NEW codes for Poisoning by, adverse effect of and underdosing of cannabis (derivatives)

T40.71 Poisoning by, adverse effect of and underdosing of cannabis (derivatives)

- **T40.711** Poisoning by cannabis, accidental (unintentional)
- **T40.712** Poisoning by cannabis, intentional self-harm
- **T40.713** Poisoning by cannabis, assault
- **T40.714** Poisoning by cannabis, undetermined
- T40.715 Adverse effect of cannabis
- **T40.716** Underdosing of cannabis





 There are several NEW codes for Poisoning by, adverse effect of and underdosing of cannabis (derivatives) - Continued

T40.72 Poisoning by, adverse effect of and underdosing of synthetic cannabinoids

- **T40.721** Poisoning by synthetic cannabinoids, accidental (unintentional)
- **T40.722** Poisoning by synthetic cannabinoids, intentional self-harm
- **T40.723** Poisoning by synthetic cannabinoids, assault
- **T40.724** Poisoning by synthetic cannabinoids, undetermined
- **T40.725** Adverse effect of synthetic cannabinoids
- **T40.726** Underdosing of synthetic cannabinoids





 The following codes for Poisoning by, adverse effect of and underdosing of cannabis (derivatives) are being *REMOVED*

T40.7X Poisoning by, adverse effect of and underdosing of cannabis (derivatives)

- **T40.7X1** Poisoning by cannabis (derivatives), accidental (unintentional)
- **T40.7X2** Poisoning by cannabis (derivatives), intentional self-harm
- **T40.7X3** Poisoning by cannabis (derivatives), assault
- **T40.7X4** Poisoning by cannabis (derivatives), undetermined
- **T40.7X5** Adverse effect of cannabis (derivatives)
- **T40.7X6** Underdosing of cannabis (derivatives)





- T44.8 Poisoning by, adverse effect of and underdosing of centrally-acting and adrenergic-neuron-blocking agents
 - Changes Excludes 1 to Excludes 2 Notes:
 - poisoning by, adverse effect of and underdosing of clonidine (T46.5)
 - poisoning by, adverse effect of and underdosing of guanethidine (T46.5)





NEW - T80.82 Complication of immune effector cellular therapy

- Inclusion Terms:
 - Complication of chimeric antigen receptor (CAR-T) cell therapy
 - Complication of IEC therapy
- Add Excludes 2:
 - complication of bone marrow transplant (T86.0)
 - complication of stem cell transplant (T86.5)
- Use Additional code to identify the specific complication, such as:
 - cytokine release syndrome (D89.83-)
 - immune effector cell-associated neurotoxicity syndrome (G92.0-)





Chapter 21 – Factors Influencing Health Status & Contact With Health Services (Z00-Z99)





Z23 Encounter for immunization

• **Code also,** if applicable, encounter for immunization safely counseling (Z71.85)

Z28 Immunization not carried out and under immunization status

• **Code also,** if applicable, encounter for immunization safely counseling (Z71.85)





- Z3A Weeks of gestation
 - Remove Code first
 - complications of pregnancy, childbirth and the puerperium (O09-O9A)
 - Add Code first
 - obstetric condition or encounter for delivery (009-060, 080-082)
- NEW Z55.5 Less than a high school diploma
 - Inclusion Term:
 - No general equivalence degree (GED)





- NEW Z58 Problems related to physical environment
 - Excludes 2:
 - occupational exposure (Z57.-)

NEW - Z58.6 Inadequate drinking-water supply

- Inclusion Term:
 - Lack of safe drinking water
- Excludes2:
 - deprivation of water (T73.1)





Chapter 21 – Factors Influencing Health Status And Contact With Health Services – **Guideline Updates**

- Social Determinants of Health
 - Codes describing social determinants of health (SDOH) should be assigned when this information is documented.
 - For social determinants of health, such as information found in categories Z55-Z65, Persons with
 potential health hazards related to socioeconomic and psychosocial circumstances, code assignment
 may be based on medical record documentation from clinicians involved in the care of the patient who
 are not the patient's provider since this information represents social information, rather than medical
 diagnoses.
 - For example, 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.





Chapter 21 – Factors Influencing Health Status And Contact With Health Services – **Guideline Updates**

Social Determinants of Health

• 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.





Chapter 21 – Factors Influencing Health Status And Contact With Health Services – **Guideline Updates**

- Social determinants of health codes are located primarily in these Z code categories:
 - Z55 Problems related to education and literacy
 - Z56 Problems related to employment and unemployment
 - Z57 Occupational exposure to risk factors
 - Z58 Problems related to physical environment
 - Z59 Problems related to housing and economic circumstances
 - Z60 Problems related to social environment
 - Z62 Problems related to upbringing
 - Z63 Other problems related to primary support group, including family circumstances
 - Z64 Problems related to certain psychosocial circumstances
 - Z65 Problems related to other psychosocial circumstances

See Section I.B.14. Documentation by Clinicians Other than the Patient's Provider.





- NEW Z59.00 Homelessness, unspecified
- NEW Z59.01 Sheltered homelessness
 - Inclusion Term:
 - Doubled up
 - Living in a shelter such as: motel, scattered site housing, temporary or transitional living situation

NEW - Z59.02 Unsheltered homelessness

- Inclusion Term:
 - Residing in place not meant for human habitation such as: abandoned buildings, cars, parks, sidewalk
 - Residing on the street





- Revise from: Z59.4 Lack of adequate food and safe drinking water
- Revise To: Z59.4 Lack of adequate food
 - Remove Inclusion Term:
 - Inadequate drinking water supply
 - Remove Excludes 1:
 - effects of hunger (T73.0)
 - inappropriate diet or eating habits (Z72.4)
 - malnutrition (E40-E46)

Add Excludes 2:

- deprivation of food (T73.0)
- effects of hunger (T73.0)
- inappropriate diet or eating habits (Z72.4)
- malnutrition (E40-E46)





- NEW Z59.41 Food insecurity
- NEW Z59.48 Other specified lack of adequate food
 - Inclusion Terms:
 - Inadequate food
 - Lack of food

Z59.8 Other problems related to housing and economic circumstances

- Remove Inclusion Terms:
 - Foreclosure on loan
 - Isolated dwelling
 - Problems with creditors





- NEW Z59.81 Housing instability, housed
 - Inclusion Terms:
 - Foreclosure on home loan
 - Past due on rent or mortgage
 - Unwanted multiple moves in the last 12 months
- NEW Z59.811 Housing instability, housed, with risk of homelessness
 - Inclusion Term:
 - Imminent risk of homelessness





- NEW Z59.812 Housing instability, housed, homelessness in past 12 months
- NEW Z59.819 Housing instability, housed unspecified
- *NEW* Z59.89 Other problems related to housing and economic circumstances
 - Inclusion Terms:
 - Foreclosure on loan
 - Isolated dwelling
 - Problems with creditors





NEW - Z71.85 Encounter for immunization safety counseling

- Inclusion Terms:
 - Encounter for vaccine product safety counseling
- Code also, if applicable:
 - encounter for immunization (Z23)
 - immunization not carried out (Z28.-)
- Excludes 1:
 - encounter for health counseling related to travel (Z71.84)





Z72.4 Inappropriate diet and eating habits

- Revise Excludes 1:
 - From: lack of adequate food (Z59.4)
 - To: lack of adequate food (Z59.48)
- Z79.4 Long term (current) use of insulin
 - Change from Excludes 1 to Excludes 2 Notes:
 - long term (current) use of oral antidiabetic drugs (Z79.84)
 - long term (current) use of oral hypoglycemic drugs (Z79.84)





Chapter 21 – Factors Influencing Health Status And Contact With Health Services – **Guideline Updates**

- History (of)
 - There are two types of history Z codes, personal and family.
 - Personal history codes explain a patient's past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence, and therefore may require continued monitoring.
 - The reason for the encounter (for example, screening or counseling)should be sequenced first and the appropriate personal and/or family history code(s) should be assigned as additional diagnos(es).





- Z82.4 Family history of ischemic heart disease and other diseases of the circulatory system
 - Revise Inclusion Term:
 - From: Conditions classifiable to 100-152, 165-199
 - To: Conditions classifiable to I00-I5A, I65-I99
- Z86.16 Personal history of COVID-19
 - Add Excludes 1:
 - post COVID-19 condition (U09.9)





Z91.5 Personal history of self-harm

- Remove Inclusion Terms:
 - Personal history of parasuicide
 - Personal history of self-poisoning
 - Personal history of suicide attempt
- Add Code Also:
 - mental health disorder, if known





NEW – Z91.51 Personal history of suicidal behavior

- Inclusion Terms:
 - Personal history of parasuicide
 - Personal history of self-poisoning
 - Personal history of suicide attempt

NEW - Z91.52 Personal history of nonsuicidal self-harm

- Inclusion Terms:
 - Personal history of nonsuicidal self-injury
 - Personal history of self-inflicted injury without suicidal intent
 - Personal history of self-mutilation





- NEW Z92.85 Personal history of cellular therapy
 - NEW Z92.850 Personal history of Chimeric Antigen Receptor T-cell therapy
 - Inclusion Terms:
 - Personal history of CAR T-cell therapy
 - NEW Z92.858 Personal history of other cellular therapy
 - NEW Z92.859 Personal history of cellular therapy, unspecified
 - NEW Z92.86 Personal history of gene therapy
- Z99 Dependence on enabling machines and devices, not elsewhere classified
 - Remove Excludes 1:
 - cardiac pacemaker status (Z95.0)





Chapter 22 – Codes for Special Purposes (U00-U85)





Chapter 22 – Codes For Special Purposes

NEW – U09 Post COVID-19 condition

- *NEW -* U09.9 Post COVID-19 condition, unspecified
 - **Note:** This code enables establishment of a link with COVID-19.
 - This code is not to be used in cases that are still presenting with *active* COVID-19.
 - However, an exception is made in cases of re-infection with COVID-19, occurring with a condition related to prior COVID-19.
 - Inclusion Term:
 - Post-acute sequela of COVID-19





Chapter 22 – Codes For Special Purposes

- NEW U09.9 Post COVID-19 condition, unspecified
 - Code first: the specific condition related to COVID-19 if known, such as:
 - chronic respiratory failure (J96.1-)
 - loss of smell (R43.8)
 - loss of taste (R43.8)
 - multisystem inflammatory syndrome (M35.81)
 - pulmonary embolism (I26.-)
 - pulmonary fibrosis (J84.10)





- Guideline Updates Located in Chapter 1 of the Chapter-Specific coding guidelines:
 - Coronavirus infections
 - Post COVID-19 Condition
 - For sequela of COVID-19, or associated symptoms or conditions that develop following a previous COVID-19 infection, assign a code(s) for the specific symptom(s) or condition(s) related to the previous COVID-19 infection, if known, and code U09.9, Post COVID-19 condition, unspecified.
 - Code U09.9 should not be assigned for manifestations of an active (current) COVID-19 infection.





- Guideline Updates Located in Chapter 1 of the Chapter-Specific coding guidelines:
 - Coronavirus infections
 - Post COVID-19 Condition continued
 - If a patient has a condition(s) associated with a previous COVID-19 infection and develops anew active (current) COVID-19 infection, code U09.9 may be assigned in conjunction with code U07.1, COVID-19, to identify that the patient also has a condition(s) associated with a previous COVID-19 infection.
 - Code(s) for the specific condition(s) associated with the previous COVID-19 infection and code(s) for manifestation(s) of the new active (current) COVID-19 infection should also be assigned.





Coronavirus infections

- Signs and symptoms without definitive diagnosis of COVID19
- For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has **not** been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:
 - R05.1, Acute cough, or R05.9, Cough, unspecified
 - R06.02 Shortness of breath
 - R50.9 Fever, unspecified





Coronavirus infections

- Multisystem Inflammatory Syndrome
- For individuals with multisystem inflammatory syndrome (MIS) and COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code M35.81, Multisystem inflammatory syndrome, as an additional diagnosis.
- If an individual with a history of COVID-19 develops MIS, assign codes M35.81, Multisystem inflammatory syndrome, *and U09.9, Post COVID-19 condition, unspecified.*
- If an individual with a known or suspected exposure to COVID19, and no current COVID-19 infection or history of COVID-19, develops MIS, assign codes M35.81, Multisystem inflammatory syndrome, and Z20.822, Contact with and (suspected) exposure to COVID-19.
- Additional codes should be assigned for any associated complications of MIS.





Conclusion

- Every year the coding updates become more and more specific.
- Therefore, it is necessary to obtain and code the most specific diagnoses and conditions available.
- Be sure to look for new codes with the letter A in the digits
- Of course, always code to physician documentation unless otherwise specified
- Follow the Coding Guidelines!
 - Don't code from memory as each year there are many guideline revisions
 - And combinations of diagnoses change the codes and sequencing in many situations!







Thank you



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