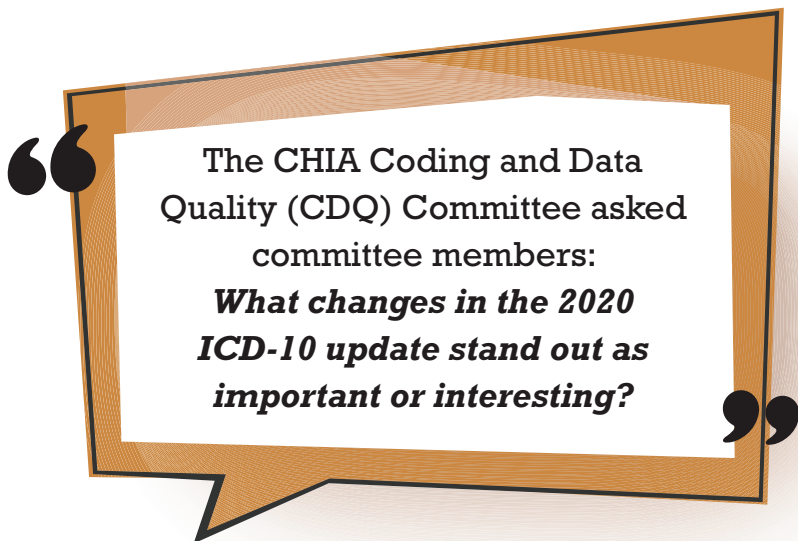


## Insights on the FY 2020 ICD-10 Updates FROM THE CHIA CODING DATA QUALITY COMMITTEE



'Compatible with' and 'consistent with' are now spelled out as uncertain diagnoses in the FY2020 Official Guidelines, joining already listed terms of 'probable,' 'suspected,' 'likely,' 'questionable,' 'possible,' or 'still to be ruled out.' There is still the clause 'or other similar terms indicating uncertainty.' Not much more to think about for selecting inpatient diagnoses where coding professionals do code uncertain diagnoses (principal or secondaries), however do not report uncertain diagnoses for outpatient services, so look out!

**Caleb Jesudasson,**  
RHIA, CHPC; Co-Chair

FY 2020 New Technology Guidelines were moved from section D to section E. The New Technology Section Guidelines have been revised with E1.b directing coding professionals how to

code multiple procedures when a new technology procedure is involved.

**Deanna Klure,**  
RHIT, CDIP, CCS; Co-Chair

There is a revision note for the body mass index (BMI) status code Z68 clarifying that the BMI adult codes should be used for 'persons 20 years of age and older' and BMI pediatric codes for 'persons 2-19 years of age.' There is a new guideline for 'physical fractures' under the coding instruction for traumatic fractures, instructing to code the type of physical fracture, but not to use an additional code for the specific bone that is affected. There is a new code for 'pyuria' (R82.81), which previously defaulted to urinary tract infection.

**Vilena Boussarova,**  
MS, RHIA, CCS, CHDA

152 present on admission exempt codes have been added covering congenital deformities and defects, Ehlers-Danlos syndrome, Prader-Willi syndrome, various fractures of the orbital roof and wall, poisoning adverse effects, and underdosing of multiple unspecified drugs, heatstroke, legal interventions, eye examinations, tuberculosis, health counseling, personal histories of neoplasms and tuberculosis, and presence of a neurostimulator.

**Robert Caban,** RHIT

According to the Association of Clinical Documentation Integrity Specialists (ACDIS), members of ACDIS and the clinical documentation improvement regulatory committee answered the call to submit comments after the proposed FY 2020 IPPS rule was

released. The proposed rule contained 837 complication or comorbidity (CC) deletions and 145 major complication or comorbidity deletions, whereas the final contained only five CC deletions.

**Liz Duggan Graham, RHIT, CCS**

Chapter 19 Injury, Poisoning & External Causes has new codes for orbital fractures. Orbital roof (S02.12-), medial orbital (S02.83-), lateral orbital wall (S02.84-), and fracture of orbit, unspecified (S05.85X-). In addition, there are also tabular changes for chapter 19. The changes addressed exclude 1 and 2 notes, supporting the new orbital fracture codes.

**Shaunte Hardy, RHIT, CCS, CPC**

Instructions for assigning complications of care, section I.C.19.g.5, have been further clarified for FY2020. Coding professionals should assign codes for intraoperative and post-procedural complications from the body system chapters unless the complication specifically indexes to a T code in chapter 19. The FY2020 Official Guidelines have substituted the word 'provider' in place of 'physician' in several areas. This is in keeping

with the increased number of advance practice clinicians, such as nurse practitioners and physician assistants in health care today.

**Tina L. Johnson, RHIT, CCS**

Chapter 9 shows some tabular changes for I21.A1 myocardial infarction type 2. The instructional note to be changed states: code also the underlying cause, if known and applicable, such as anemia (D50.0-D64.9), chronic obstructive pulmonary disease (J44.-), heart failure (I50.-), paroxysmal tachycardia (I47.0-I47.9), renal failure (N17.0-N19), shock (R57.0-R57.9). The instructional note change will direct: code first the underlying cause, such as: anemia (D50.0-D64.9), chronic obstructive pulmonary disease (J44.-), paroxysmal tachycardia (I47.0-I47.9), shock (R57.0-R57.9). This slight change makes a huge impact in forcing the sequencing. Coding professionals must now code the underlying cause first, listing the acute myocardial infarction type 2 second.

**Monica Leisch, RHIA, CDIP, CCS**

The list of external cause codes resulting from legal intervention

(Y35 category) was expanded, which in turn will enhance the data that will be available from the health care organization to data users. California's hospital discharge data and emergency department data are used by researchers (national and international), as well as policy makers to make informed decisions and recommendations related to health care utilization and outcomes. Those studies rely on the quality and completeness of the patient-level data, including external cause coding, submitted to OSHPD.

**Robyn Strong,**

Office of Statewide Health Planning and Development Representative

The overall code updates are minimal. However, there are now unique codes for pressure-induced deep tissue damage, so coding professionals no longer have to utilize the unstageable pressure ulcer codes.

**Victoria Weinert, RHIT, CCS**



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