



CODING

Highlights from the 2021 ICD-10-CM/PCS Code Updates

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To assist health information coding professionals with the latest updates, the CHIA Coding and Data Quality Committee has included several of the key highlights to be aware of.

ICD-10-CM Guideline Updates

COVID-19 guidelines are revised...again

Contrary to what was instructed earlier in the year, there is a change with the use of screening code for COVID-19. Previously, coding professionals were instructed to use Z11.59. However, during this global pandemic, it can be concluded that everyone is assumed to have possible exposure. Therefore, the guidance at I.C.1.g.1.(e) should be

applied and Z20.828 or Z20.818 assigned as appropriate.

Diabetes treatment — code everything (I.C.4.a.4.3)

Assign Z79.899 for non-insulin injectable medications in addition to insulin use (Z79.4) and oral hypoglycemic drugs (Z79.84) to capture all the medications used by the patient prior to admission.

Sequencing clarification for Hypertensive CKD and ARF (I.C.9.a.3)

For patients with both acute renal failure (ARF) and chronic kidney disease (CKD), each condition should be assigned and the sequencing should reflect the circumstances of the admission/encounter.

Vaping-related disorders (I.C.10.e.)

For patients presenting with condition(s) related to vaping, assign code U07.0, Vaping-related disorder, as the principal diagnosis, followed by additional codes for other manifestations. However, respiratory symptoms should not be coded once the definitive diagnosis has been established. Coding professionals can, however, add an additional code for any gastrointestinal symptoms, such as diarrhea and abdominal pain.

Puerperal sepsis versus Sepsis due to infection of an obstetrical procedure (I.C.15.k)

Code O85 should not be assigned for sepsis following an obstetrical procedure. Instead, use O86.00 through O86.09.

COVID-19 infection in newborn (I.C.16.h.)

For a newborn that tests positive for COVID-19, add additional codes such as U07.1, along with the manifestations from the neonatal chapter. NOTE, if the provider documents the condition was contracted in utero or during the birth process, assign code P35.8, Other congenital viral diseases.

Observation codes are not the boss anymore (I.C.21.c.6))

Shouldn't one always sequence observation codes as principal or first listed? Not anymore! If a patient is being observed for a condition that is ruled out and is unrelated to the principal/first-listed diagnosis, an observation code may be assigned as a secondary diagnosis code. This would include newborns records whose principal diagnosis is the Z38.- code. Only add codes for other conditions if they are unrelated to the suspected condition being observed.

ICD-10-CM Code Updates

There are not a tremendous number of ICD-10-CM code changes this year, with only 490 additions, 58 deletions and 47 revisions.

- (D57.-) Existing sickle cell conditions are captured with complications such as "crisis," "acute chest syndrome" or "splenic sequestration." New expansion offers the option to identify other sickle cell complications such as "cerebral vascular involvement" and other related complications with "other specified complication." Expansion in this section includes new codes for sickle cell thalassemia with "beta zero" or "beta plus.
 - (D59.1-) Autoimmune hemolytic anemias expanded to capture the type—warm, cold or mixed.
 - (D72.1-) Eosinophilia has exploded to specify the type, such as—idiopathic, Lymphocytic Varian Hypereosinophilic Syndrome (LHES), Hypereosinophilic syndrome (HES) and drug rash with eosinophilia and systemic symptoms syndrome.
 - (D89.83-) New codes were created for Cytokine release syndrome, grades 1 to 5.
 - (F10.0-) New codes have been added for capturing withdrawal in the psychoactive substance use category. This was really needed. Withdrawal was only available for use with dependence of the substances until now. No longer do we have to query or potentially lose out on capturing this important detail. Simply select "with withdrawal" in the drug and alcohol use and abuse codes.
 - (G96.0-) Cerebral spinal fluid leak is expanding to capture the specific site (i.e. cranial or spinal) and adds language to note if the leaks are spontaneous or not.
 - (G96.81-) New codes have been added to specify intracranial hypotension along with the type—either spontaneous or following lumbar cerebrospinal fluid shunting, if known.
 - (H18.5-) Corneal disorders are now captured with laterality in harmony with the rest of the section for disorders of the eyes.
 - (K20.--) Esophagitis has been turned into a combination code to include bleeding. This eliminates the need for assigning an additional code, such as K22.8.
 - (M05.--) Musculoskeletal disorders, some of which include rheumatoid arthritis, osteoarthritis, osteoporotic fractures and others that list combination codes for the condition and site now have a new option to choose from. An additional option for "other specified site" or "other specified joint" was created for a different site than what was previously offered.
- What else? New codes for arthritis and arthropathy of the temporomandibular joint. Also, code expansion for juvenile osteochondrosis to identify site and type.
- (N18.3-) Chronic Kidney Disease, stage 3 has broadened to identify either stage 3 unspecified, stage 3a or 3b.
 - (N18.3-) Brand new codes to capture patient diagnosis with C3 glomerulopathy.
 - (O34.21-) Obstetric code to identify uterine scar from previous cesarean scar was expanded to capture a specific sequelae that develops in some cesarean wounds, called an isthmocele defect. Also found in this chapter is the expansion for the commonly used code that captures a multitude of conditions, O9989 Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium. This code now distinctly identifies the encounter in pregnancy, childbirth or puerperium.
 - (P91.82-) Brand new code for neonatal cerebral infarction. This new code specifically captures the condition and its laterality in the brain.
 - (S20-2- -) Superficial injuries, as well as, blisters, contusions and abrasions of the chest (front and back) are specified to site of the chest wall or back.
 - (T86.84--) Complications of corneal transplants will now capture laterality.

- (V00.---, V01.---, V02.---, V03.---, V04.--- V05.---, V06.--) External cause codes can now specifically identify the new kinds of equipment patients are injured on/ from (i.e. electric scooter and micro-mobility pedestrian conveyance) in all the various mechanisms of injury.
- The Table of Drugs and Chemicals have refined entries for synthetic narcotics. Drugs listed in the index now correctly reference to “fentanyl or fentanyl analogs” versus “other synthetic narcotics.”

PCS Guideline Updates

Two new guidelines regarding controversial issues put the matters to rest.

Excision/Resection followed by replacement (B3.18)

Provides direction when we need an additional code for the resection or not.

- Code both procedures — Mastectomy followed by reconstruction, both resection and replacement of the breast are coded to fully capture the distinct objectives of the procedures performed.
- Code one procedure — Resection of a joint as part of a joint replacement procedure is considered integral and preparatory for the replacement of the joint and the resection is not coded separately. Resection of a valve as part of a valve replacement procedure is considered integral and preparatory for the valve replacement and the resection is not coded separately.

Percutaneous endoscopic approach with extension of incision (B5.2b)

Explains that the incision or extension of an incision after the intended procedure has concluded to assist in the removal a body part or to anastomose a tubular body part to complete the procedure, are coded to the approach value percutaneous endoscopic. Do not confuse this guidance with that found at B5.2.

Revision of B3.10c

Revision removed all confusion and solidified the necessity for bone graft material to be used to meet the definition of the spinal fusion root operation. The first bullet removed the word “alone” in the parentheses and now it reads: “If an interbody fusion device is used to render the joint immobile (containing bone graft or bone graft substitute), the procedure is coded with the device value Interbody Fusion Device.”

ICD-10-PCS Code Changes

- Numerous “Insertion” tables across all Body Systems added a device entry for “radioactive element.”
- (021) Bypass table in the Heart and Great Vessels made changes to the sites of the atrial bypasses. Changes

allows the ability to build a procedure code for atrium bypass from the left side to the right with a synthetic substitute via percutaneous approach.

- Numerous tables are added or modified to the Fragmentation tables across the vascular system sites.
- See the Supplement table (02U) for the changes to the Mitral Valve procedures. Combination options have changed depending on the approach, device and qualifier.
- Table 0F1 added the qualifier “stomach” allowing for the PCS code for the procedure of a bypass from the pancreatic duct to the stomach.
- Minor additions allowing for a multitude of code combinations:
 - “Other Device” in the Insertion table of the Subcutaneous Tissue and Fascia Body System
 - Body Part “coccyx” in the Removal table of the Lower Bones
- Fusion of Upper/Lower Joints tables (0RG) added the device “internal fixation device, sustained compression.”
- Entirely new table in the Male Reproductive System (0VY) created for a modern surgical procedure—Scrotum/ Penis Transplant.
- Note the General Anatomical Regions Bypass table (0W1) and a new qualifier allowing a bypass from the peritoneal cavity to the bladder.
- The General Anatomical Regions Drainage table (0W9) was modified to allow for more approach options in the pelvic cavity.
- In the Pregnancy Extraction table (10D) two new approaches were added for the extraction of ectopic products of conception.
- New Substance was added to the Transfusion table, “Hematopoietic Stem/Progenitor Cells, Genetically Modified.”
- New Qualifier in the Physiological Systems Assistance table (5A0) permits the coding of High Nasal Flow/ Velocity type respiratory ventilation.
- Addition of Isotope Cesium 131 (Cs-131) was been added to the Brachytherapy tables among the appropriate body systems tables.

New Technology Group 5 Codes

- (XW0) New substance added
 - Remdesivir
 - Sarilumab
 - Tocilizumab
 - Other New Technology Therapeutic Substance
- (XW1) New substance added
 - Convalescent Plasma (Nonautologous)

New Technology Group 6 Codes

- (X2A) Cerebral Embolic Filtration, Extracorporeal Flow Reversal Circuit for the carotid artery
- (XNU) Synthetic Substitute, Mechanically Expandable (Paired) for the lumbar and thoracic vertebra
- (XW0) New substances added:
 - Brexanolone
 - Nerinitide
 - Durvalumab Antineoplastic
 - Lefamulin Anti-infective

- Ceftolozane/Tazobactam Anti-infective
- Cefiderocol Anti-infective
- Omadacycline Anti-infective
- Eculizumab
- Atezolizumab Antineoplastic
- Mineral-based Topical Hemostatic Agent
- Eladocagene exuparvovec
- Brexucabtagene Autoleucl Immunotherapy
- Lisocabtagene Maraleucl Immunotherapy

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NEWLY CREDENTIALLED MEMBERS

CHIA would like to congratulate each of these California members who recently earned an AHIMA certification. These individuals studied hard and demonstrated their skill and commitment to the health information field. CHIA looks forward to their continued journey and wishes them success as they further their career pathways.

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AHIMA credentials earned August/September 2020