ICD-10-CM Coding Updates 2022

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Disclaimer

- This material is designed to offer basic information for coding and billing. The information presented here is based on the experience, training, and interpretation of the author. Although the information has been carefully researched and checked for accuracy and completeness, the instructor does not accept any responsibility or liability with regard to errors, omissions, misuse, or misinterpretation. This handout is intended as an educational a guide and should not be considered a legal/consulting opinion.

Guidelines

Guidelines
B. General Coding Guidelines

- 2. Level of Detail in Coding
  - Diagnosis codes are to be used and reported at their highest number of characters available **and to the highest level of specificity documented in the medical record**.

Guidelines
B. General Coding Guidelines

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

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Guidelines
14. Documentation by Clinicians Other than the Patient's Provider

- Code assignment is based on the documentation by **the** patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). 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.**

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Guidelines
14. 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**

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Guidelines
14. 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 often documents the BMI, a nurse often documents the pressure ulcer stages, and an emergency medical technician often documents the coma scale). However, the associated diagnosis (such as overweight, obesity, acute stroke, pressure ulcer, **or a condition classifiable to category F10, Alcohol related disorders**) must be documented by the patient's provider. If there is conflicting medical record documentation, either from the same clinician or different clinicians, the patient's attending provider should be queried for clarification.
- The BMI, coma scale, NIHSS, **blood alcohol level** codes and **codes for social determinants of health** should only be reported as secondary diagnoses.

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Guidelines
18. Use of Signs/Symptoms/Unspecified Codes

- **As stated in the introductory section of these official coding guidelines, a joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.**

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Guidelines
19. Coding for Healthcare Encounters in Hurricane Aftermath

- d. Use of Z codes
- Z codes (other reasons for healthcare encounters) may be assigned as appropriate to further explain the reasons for presenting for healthcare services, including transfers between healthcare facilities, **or provide additional information relevant to a patient encounter.**

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Chapter Specific Guidelines
Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9

- (i) **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.**

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Chapter Specific Guidelines
Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9

- (j) **Follow-up visits after COVID-19 infection has resolved**
- For individuals who previously had COVID-19, **without residual symptom(s) or condition(s),** and are being seen for follow-up evaluation, and COVID-19 test results are negative, assign codes Z09, Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, and Z86.16, Personal history of COVID-19.
- ICD-10-CM Official Guidelines for Coding andReporting **FY 2022** Page 30 of 115
- **For follow-up visits for individuals with symptom(s) or condition(s) related to a previous COVID-19 infection, see guideline I.C.1.g.1.m.**

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Chapter Specific Guidelines
Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9

- m)**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.**
- **For follow-up visits for individuals with symptom(s) or condition(s) related to a previous COVID-19 infection, see guideline I.C.1.g.1.m.**

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Chapter Specific Guidelines
Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9
(l) Multisystem Inflammatory Syndrome

- 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**.

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Chapter Specific Guidelines
Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9
(m)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.

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Chapter Specific Guidelines
Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9
(m)Post COVID-19 Condition

- If a patient has a condition(s) associated with a previous COVID-19 infection and develops a new 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.

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Chapter Specific Guidelines

Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)
3) Diabetes mellitus and the use of insulin, oral hypoglycemics, and injectable non-insulin drugs

- If the documentation in a medical record 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**, **as follows:**
- If the patient is treated with both oral medications and insulin, **both code Z79.4, Long term (current) use of insulin, and code Z79.84, Long term (current) use of oral hypoglycemic drugs,** should be assigned.

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Chapter Specific Guidelines

Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)
6) Secondary diabetes mellitus

- (a) **Secondary diabetes mellitus and the use of insulin, oral hypoglycemic drugs, or injectable non-insulin 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 as follows:**
- If the patient is treated with both oral medications and insulin, **both code Z79.4, Long term (current) use of insulin, and code Z79.84, Long term (current) use of oral hypoglycemic drugs,** should be assigned.

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Chapter Specific Guidelines
Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)
4) 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.**

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Chapter Specific Guidelines
Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)
5) Blood Alcohol Level

- **5) 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.**

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Chapter Specific Guidelines
18. Chapter 18: Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

- e. Coma
- Code R40.20, Unspecified coma, may be assigned in conjunction with codes for any medical condition.

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- 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.

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Chapter Specific Guidelines
Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)
4) History Of

- 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).

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Chapter Specific Guidelines

Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)

10) Counseling

- **Code Z71.85, Encounter for immunization safety counseling, is to be used for counseling of the patient or caregiver regarding the safety of a vaccine.**
- **This code should not be used for the provision of general information regarding risks and potential side effects during routine encounters for the administration of vaccines.**

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Chapter Specific Guidelines

Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)

17) 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.**
- 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.

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Guidelines
Section IV. Diagnostic Coding and Reporting Guidelines for Outpatient Services
F. Level of Detail in Coding

- **3. Highest level of specificity**
- **Code to the highest level of specificity when supported by the medical record documentation.**

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New and Revised ICD-10-CM Codes

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Requests from CDC and FDA

- Disease specific code for anaplasmosis infections
  - Improve coding accuracy
  - Increase provider awareness of human anaplasmosis
  - Help in development of testing
  - Allow to monitor nationwide occurrence of the disease using real-world evidence
    - Help in the development of appropriate prevention strategies
      - To reduce spread of the disease
      - Assure public safety

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A79 - Other Rickettsioses

NEW CODE

- A79.82 - Anaplasmosis [A. phagocytophilum]
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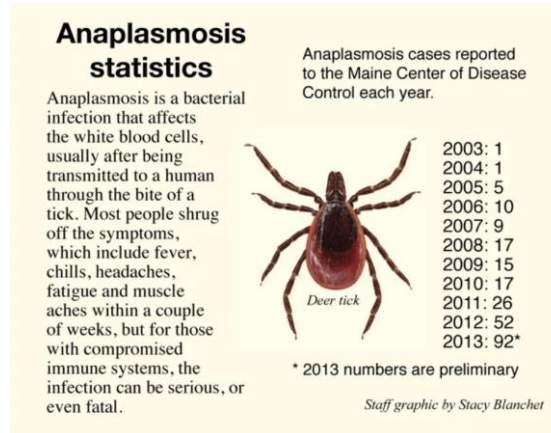

C56 Malignant neoplasm of ovary

- C56 malignant neoplasm of ovary
  - Codes exist for malignant neoplasm of the right, left and unspecified ovaries
  - None for bilateral

- A code for malignant neoplasm of bilateral ovaries was requested
- The American College of Obstetricians and Gynecologists (ACOG) and the Society for Gynecologic Oncology (SGO) has reviewed and supports this proposal

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C56 - Malignant Neoplasm of Ovary

- C56 Malignant neoplasm of ovary

  Use additional code to identify any functional activity

NEW CODE

- C56.3 - Malignant neoplasm of bilateral ovaries

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C79 Secondary Malignant Neoplasm of Other and Unspecified Sites

- C79 Secondary malignant neoplasm of ovary
  - Codes exist for secondary malignant neoplasm of the right, left and unspecified ovaries
  - None for bilateral
- A code for secondary malignant neoplasm of bilateral ovaries was requested
- The American College of Obstetricians and Gynecologists (ACOG) and the Society for Gynecologic Oncology (SGO) has reviewed and supports this proposal

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C79 Secondary Malignant Neoplasm of Other and Unspecified Sites

NEW CODE

- C79.63 - Secondary malignant neoplasm of bilateral ovaries

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Anaplastic Large Cell Lymphoma, ALK-Negative of the Breast

- The American Society of Plastic Surgeons (ASPS) submitted this request seeking the creation of a unique code for Anaplastic large cell lymphoma, ALK-negative, of the breast, commonly called Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL).
- BIA-ALCL is not a disease of the lymph nodes nor the breast tissue but is instead a disease of the capsule surrounding a breast implant
- Statistical information captured via a unique ICD-10-CM code will help promote data collection, analysis and improve public health surveillance of BIA-ALCL in the United States.

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C84.7 Anaplastic Large Cell Lymphoma, ALK-Negative

NEW CODE

- C84.7A - Anaplastic large cell lymphoma, ALK-negative, breast
  - Breast implant associated anaplastic large cell lymphoma (BIA-ALCL)
  - Code also, if applicable:
    - Breast implant status (Z98.82)
    - Personal history of breast implant removal (Z98.86)

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Pyruvate Kinase (PK) Deficiency

- Red blood cell pyruvate kinase (PK) deficiency is a rare congenital hemolytic anemia
- In patients with PK deficiency, they have chronic hemolysis and anemia
- No unique ICD-10-CM code for PK deficiency
  - Inclusion term Pyruvate kinase [PK] deficiency anemia
- Agios Pharmaceuticals has requested creation of a specific code for pyruvate kinase deficiency
- Believes that creation of a unique code
  - Aid in improved accuracy of reporting PK deficiency among other hemolytic anemias
  - Improve treatment and follow-up of patients
  - Appropriate claims adjudication
  - Support future research for patients with PK deficiency.

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D55 - Anemia Due to Enzyme Disorders

- D55.2 Anemia due to disorders of glycolytic enzymes

NEW CODE

- D55.21 - Anemia due to pyruvate kinase deficiency
  - PK deficiency anemia
  - Pyruvate kinase deficiency anemia
- D55.29 - Anemia due to other disorders of glycolytic enzymes
  - Hemolytic nonspherocytic (hereditary) anemia, type II
  - Hexokinase deficiency anemia
  - Triose-phosphate isomerase deficiency anemia

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Thrombocytosis and Essential Thrombocythemia

- Thrombocytosis and thrombocythemia
  - Conditions where an elevated platelet count is present in the blood
- Primary or essential thrombocytosis, or primary or essential thrombocythemia
  - Neoplastic condition, involving cancer of the blood or bone marrow
- This proposal is to create separate specific codes for thrombocytosis or thrombocytemia, when it is not specified as essential or primary, or is specified as secondary or reactive.

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D75.8 Other Specified Diseases of Blood and Blood-Forming Organs

NEW CODE

- D75.83 - Thrombocytosis
  - Reactive thrombocytosis
  - Secondary thrombocytosis
  - Thrombocytemia NOS
  - Thrombocytosis NOS
  - Excludes1: Essential thrombocytemia (D47.3)
- D75.838 - Other thrombocytosis
- D75.839 - Thrombocytosis, unspecified

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Hereditary Alpha Tryptasemia

- Hereditary alpha tryptasemia (HαT) is a recently described genetic trait that can be associated with mast cell activation
- Those with HαT have an increasesd risk of severe allergic reactions to stinging insects, including anaphylactic reactions in some cases
- The University of Mississippi in cooperation with the Mastocytosis Society and Gene by Gene have requested a new code for hereditary alpha tryptasemia
  - To track disease prevalence and patient outcomes
  - No specific ICD-10-CM code for hereditary alpha tryptasemia,

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D89 - Other Disorders Involving the Immune Mechanism, Not Elsewhere Classified

NEW CODE

- 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)

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Niemann-Pick Disease (NPD) Type A/B

- Request for a code in Niemann-Pick category to
- Add a specific diagnosis for Type A/B
  - To recognize another name, based on the biology of the enzyme deficit
    - Acid sphingomyelinase deficiency (ASMD)

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E75.24 - Niemann-Pick Disease

NEW CODE

- E75.244 - Niemann-Pick disease type A/B
  - Acid Sphingomyelinase Deficiency Type A/B (ASMD Type A/B)
  - Chronic neurovisceral

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Depression NOS

- ICD-9-CM had a unique code for unspecified depression [311]
- Verbiage seen in medical records
- In ICD-10-CM, the default for Depression NOS is code F32.9, Major depressive disorder, single episode, unspecified
  - Determined to be clinically incorrect.
- Having an unspecified term default to major depression
  - Will prevent the true incidence of depression NOS from being captured
  - Will incorrectly increase the incidence of major depression in statistical data.
- The American Psychiatric Association (APA) has reviewed and supports this proposal.

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F32 - Depressive Episode

REVISE FROM

- F32 - Major depressive disorder, single episode

REVISE TO

- F32 - Depressive episode

NEW CODE

- F32A - Depression, unspecified

  Depression NOS

  Depressive disorder NOS

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SYNGAP1-Related Intellectual Disability

- Genes related to intellectual disability
  - SYNGAP1
- SYNGAP1 encephalopathy has intellectual disability as a fundamental condition
- Other associated issues which may be present should also be coded separately, such as autism and epilepsy
- Benefits of a unique code would include
  - Epidemiologic monitoring
  - Assessment of disease-associated medical costs
  - Retrospective studies comparing best practices
  - Encouragement of pharmaceutical research
  - Recruitment of subjects for clinical trials and patient registries
  - Enabling improvement of assessment of resource requirements (Valdez 2016).
- Two separate requests and support of multiple individuals to create a code

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F78 - Other Intellectual Disabilities

NEW SUBCATEGORY

- F78.A Other genetic related intellectual disabilities

NEW CODE

- F78.A Other genetic related intellectual disabilities

  Code also, if applicable, any associated
  - Autistic disorder (F84.0)
  - Autism spectrum disorder (F84.0)
  - Epilepsy and recurrent seizures (G40.-)
  - Other pervasive developmental disorders (F84.8)
  - Pervasive developmental disorder, NOS (F84.9)
- F78.A1 - SYNGAP1 – related intellectual disability
  - Code also, if applicable, any associated disorders
- F78.A9 - Other genetic related intellectual disability

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Acute Flaccid Myelitis

- Acute flaccid myelitis (AFM) is a rare but serious neurologic condition.
- Affects the nervous system
- Characterized by selective inflammation of the central gray matter of the spinal cord
- Causes the muscles and reflexes in the body to become weak
- The most severe symptom of AFM is respiratory failure
- A specific code for AFM would provide greater clinical context for documentation and case tracking
  - Throughout the US and the world

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G04 - Encephalitis, Myelitis and Encephalomyelitis

NEW CODE

- G04.82 - Acute flaccid myelitis
  - Code also, if known, other manifestations such as:
    - Dysphagia (R13.10)
    - Facial weakness (R29.810)
    - Muscle weakness (R62.81)
    - Excludes1: transverse myelitis (G37.3)

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Cervicogenic Headache

- A type of headache resulting from referred pain perceived in the head from a source in the neck.
  - A secondary headache
  - Resulting from a disorder of the cervical spine and its component bone, disc and/or soft tissue elements
  - Usually but not invariably accompanied by neck pain.

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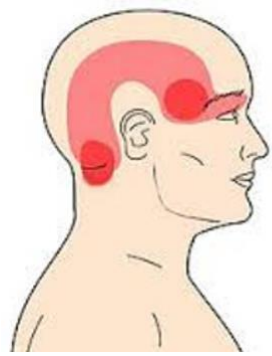
G44 - Other Headache Syndromes

NEW CODE

- G44.86 - Cervicogenic headache

  Code also associated cervical spinal condition, if known



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Immune Effector Cell Associated Neurotoxicity Syndrome (ICANS)

- Chimeric Antigen Receptor T (CAR-T) Cell Therapy Treatment of
  - Relapsed or refractory leukemia
  - Large b-cell lymphoma
- Prevalent complications
  - Cytokine Release Syndrome (CRS)
  - Immune effector Cell Associated Neurotoxicity Syndrome (ICANS)

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Immune Effector Cell Associated Neurotoxicity Syndrome (ICANS)

- The Alliance of Dedicated Cancer Centers (ADCC) requested new codes for this clinical condition.
- ICANS is defined as "a disorder characterized by a pathologic process involving the central nervous system following any immune therapy "
- Signs and symptoms can be progressive, may include
  - Aphasia
  - Altered level of consciousness
  - Impairment of cognitive skills
  - Motor weakness
  - Seizures
  - Cerebral edema

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Immune Effector Cell Associated Neurotoxicity Syndrome (ICANS

- No current ICD-10-CM diagnosis codes to report the ICANS complication of immune effector cell therapy
  - Also none to report the severity of ICANS
- New codes will allow coding professionals to accurately translate physician documentation and clinical terminology into the codes reported to describe the occurrence and severity of IEC therapy's most significant and common

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G92 - Toxic Encephalopathy

NEW SUBCATEGORY

- G92.0 Immune effector cell-associated neurotoxicity syndrome

NEW CODES

- G92.00 - Immune effector cell-associated neurotoxicity synd, grade unsp
- G92.01 - Immune effector cell-associated neurotoxicity synd, grade 1
- G92.02 - Immune effector cell-associated neurotoxicity synd, grade 2
- G92.03 - Immune effector cell-associated neurotoxicity synd, grade 3
- G92.04 - Immune effector cell-associated neurotoxicity synd, grade 4
- G92.05 - Immune effector cell-associated neurotoxicity synd, grade 5

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G92 - Toxic Encephalopathy

NEW CODES

- G92.8 - Other toxic encephalopathy
- G92.9 - Unspecified toxic encephalopathy

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Non-ischemic Myocardial Injury

- No specific code for Non-traumatic myocardial injury
- Patients have a high severity of illness
  - Allows for aligning appropriate diagnostic and treatment strategies
- Of note, the generic term “myocardial injury” is not sufficiently complete to indicate the etiology of the injury (ischemic or non-ischemic, traumatic or non-traumatic)
  - We recommend that documentation referring to "myocardial injury" without concomitant documentation of myocardial infarction or trauma default to non-ischemic, non-traumatic myocardial injury per the proposed new code.

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I25 Chronic ischemic heart disease

NEW CODE

- I5.A - Non-ischemic myocardial injury (non-traumatic) ??[I5A]??
  - Acute (non-ischemic) myocardial injury
  - Chronic (non-ischemic) myocardial injury
  - Unspecified (non-ischemic) myocardial injury

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I25 - Chronic Ischemic Heart Disease

- NEW CODE
- I5.A - Non-ischemic myocardial injury (non-traumatic) ***(cont'd)***
  - 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 hypertension (I27.0, I27.2-)
    - Pulmonary embolism (I26.-)
    - Sepsis (A41.-)
    - Takotsubo syndrome (I51.81)

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Esophageal Polyp

- Hyperplastic polyps of the esophagus and esophagogastric junction region (EGJ) are characterized by hyperplastic epithelium
- ICD-10-CM has specific codes to classify non-adenomatous or hyperplastic polyps
  - No unique codes for esophageal polyp or esophagogastric junction polyp
- The submitter is requesting the following new codes to capture these polyps when not documented as non-adenomatous
- A unique code for esophagogastric junction polyp is also been requested by the Editorial Advisory Board for Coding Clinic

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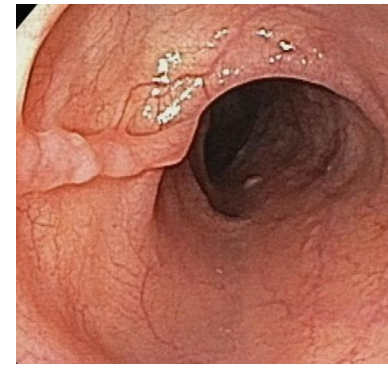
K22 - Other Diseases of Esophagus

NEW SUB-CATEGORY

- K22.8 - Other specified diseases of esophagus

NEW CODE

- K22.81 - Esophageal polyp
- K22.82 - Esophagogastric junction polyp
- K2289 - Other specified disease of esophagus



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American Gastroenterological Association (AGA)

- Requesting new codes
  - To contribute to epidemiologic understanding
  - Subsequent development of appropriate surveillance guidelines in the United States
- No unique code for Gastric Intestinal Metaplasia

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Gastric Cancer

- Fourth most common cancer worldwide
- Second leading cause of cancer deaths
- Afflicts approximately 26,000 Americans yearly
- Location of gastric intestinal metaplasia (IM) is
  - A significant predictor for gastric cancer risk
  - One of the most important characteristics of the disease
- Gastric IM is categorized histopathologically into incomplete and complete types.

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K31 Other Diseases of Stomach and Duodenum

NEW SUBCATEGORY

- K31A Gastric intestinal metaplasia
  - Intestinal metaplasia

NEW CODES

- K31.A0 - Gastric intestinal metaplasia, unspecified
- K31.A1 - Gastric intestinal metaplasia without dysplasia
  - K31.A11 - Gastric intestinal metaplasia without dysplasia, w the antrum
  - K31.A12 - Gastric intestinal metaplasia w/o dysplasia, w the body (corpus)
  - K31.A13 - Gastric intestinal metaplasia without dysplasia, w the fundus
  - K31.A14 - Gastric intestinal metaplasia without dysplasia, w the cardia
  - K31.A15 - Gastric intestinal metaplasia without dysplasia, w multiple sites
  - K31.A19 - Gastric intestinal metaplasia without dysplasia, unspecified site

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K31 - Other Diseases of Stomach and Duodenum

NEW CODES

- K31.A2 - Gastric intestinal metaplasia with dysplasia
  - K31.A21 - Gastric intestinal metaplasia with low grade dysplasia
  - K31.A22 - Gastric intestinal metaplasia with high grade dysplasia
  - K31.A29 - Gastric intestinal metaplasia with dysplasia, unspecified

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Wound Ostomy and Continence Nurses Society

- Skin acts as a barrier protecting against
  - Mechanical trauma
  - Noxious trauma
  - Infectious pathogens
  - Excessive fluids
- Overexposure of skin to moisture can compromise the integrity of skin's epithelial barrier
- Once damage, more permeable and susceptible to irritant penetration

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Wound Ostomy and Continence Nurses Society

- Moisture Associated Skin Damage (MASD)
- Delineates a spectrum of injury
- Condition is common and on the rise
  - Aging population
- Unique ICD-10-CM codes would improve data collection and facilitate research

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L24 Other and Unspecified Dermatitis

NEW SUBCATEGORY:

- L24.A - Irritant contact dermatitis due to friction or contact with body fluids

NEW CODES

- L24.A0 - Irritant contact dermatitis due to friction or contact w body fluids, unspecified
- L24.A1 - Irritant contact dermatitis due to saliva
- L24.A2 - Irritant contact dermatitis due to fecal, urinary or dual incontinence
- L24.A9 - Irritant contact dermatitis due to friction or contact with other body fluids

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L24 Other and Unspecified Dermatitis

NEW SUBCATEGORY:

- L24.B - Irritant contact dermatitis related to stoma or fistula

NEW CODES

- L24.B0 - Irritant contact dermatitis related to unspecified stoma or fistula Irritant contact
- L24.B2 - Irritant contact dermatitis related to respiratory stoma or fistula
- L24.B3 - Irritant contact dermatitis related to fecal or urinary stoma or fistula

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Hematopoietic Stem Cell Transplant-Associated Thrombotic Microangiopathy

- Hematopoietic Stem Cell Transplant-Associated Thrombotic Microangiopathy (HSCT-TMA), also known as Transplant-Associated Thrombotic Microangiopathy (TA-TMA), is a serious multisystem, life-threatening complication of hematopoietic stem cell transplantation
- A code is needed to detmine true incidence of and track specific types of thrombotic microangiopathy (TMA)

69

M31 - Other Necrotizing Vasculopathies

NEW SUB-CATEGORY

- M31.1 - Thrombotic microangiopathy

NEW CODES

- M31.10 - Thrombotic microangiopathy, unspecified
- M31.11 - Hematpoetc stem cell txpltation-assoc throm microangiopathy

70

Sjogren Syndrome

- Sjogren's Syndrome Foundation and the American College of Rheumatology are requesting modifications

- Existing code M35.0, Sicca syndrome [Sjogren], is misleading
  - Appears that sicca syndrome was intended to reflect the Sjogren's disease
  - "Sicca syndrome" was an alternative for the eponym "Sjögren syndrome"
  - Term has been abandoned over the past 35 or more years

71

M35 Other Systemic Involvement of Connective Tissue

REVISE SUBCATEGORY FROM:

M35.0 - Sicca syndrome [Sjogren]

REVISE SUBCATEGORY TO:

M35.0 - Sjogren syndrome
Sicca syndrome

72

M35 Other Systemic Involvement of Connective Tissue

REVISE FROM

M35.00 Sicca syndrome, unspecified

REVISE TO

M35.00 - Sjogren syndrome, unspecified

REVISE TO (same verbiage train):

- M35.01 - Sjogren syndrome with keratoconjunctivitis
- M35.02 - Sjogren syndrome with lung involvement
- M35.03 - Sjogren syndrome with myopathy
- M35.04 - Sjogren syndrome with tubulo-interstitial nephropathy

73

M35 Other Systemic Involvement of Connective Tissue

NEW CODE:

- M35.05 - Sjogren syndrome with inflammatory arthritis
- M35.06 - Sjogren syndrome with peripheral nervous system involvement
- M35.07 - Sjogren syndrome with central nervous system involvement
- M35.08 - Sjogren syndrome with gastrointestinal involvement

REVISE TO

- M35.09 - Sjogren syndrome with other organ involvement

74

M35 Other Systemic Involvement of Connective Tissue

NEW CODE

- M35.0A - Sjogren syndrome with glomerular disease
- M35.0B - Sjogren syndrome with vasculitis
- M35.0C - Sjogren syndrome with dental involvement

75

Non-Radiographic Axial Spondyloarthritis

- Non-radiographic axial spondyloarthritis (nr-axSpA) is a potentially severe, chronic inflammatory arthritis
  - Significant back pain and impairment in spinal mobility and physical function
- Compared to mechanical back pain, the inflammatory back pain of non-radiographic axial spondyloarthritis is
  - Chronic
  - Progressive
  - Worse at night
  - Exacerbated after periods of immobility

76

M45 - Ankylosing Spondylitis

NEW SUB-CATEGORY

- M45.A - Non-radiographic axial spondyloarthritis

NEW CODE: M45A0 Non-radiographic axial spondyloarthritis unsp site in spin

- M45.A1 - Non-radiographic axial spondyloarthritis occipt-atlan-ax rgn
- M45.A2 - Non-radiographic axial spondyloarthritis of cervical region
- M45.A3 - Non-radiographic axial spondyloarthritis of cervicothor rgn
- M45.A4 - Non-radiographic axial spondyloarthritis of thoracic region
- M45.A5 - Non-radiographic axial spondyloarthritis of thrclm region
- M45.A6 - Non-radiographic axial spondyloarthritis of lumbar region
- M45.A7 - Non-radiographic axial spondyloarthritis of lumbosacr region
- M45.A8 - Non-radiographic axial spondyloarthritis sacr/sacrocygl region
- M45.AB - Non-radiographic axial spondyloarthritis mult site in spine

77

Vertebrogenic Pain

- Relevant Medsystems is proposing the creation of new codes for describing low back pain
- Low back pain (M54.5) is a diagnosis code that is broad and non-specific
- Coding changes will enable better identification and tracking of this specific condition
  - Will allow differentiating it from non-specific causes of back pain
  - Has clinical value
    - Enabling specific identification of cases for use of new therapy for this type of back pain

78

M54 - Dorsalgia

NEW SUB-CATEGORY

- M54.5 Low back pain

NEW CODE

- M54.50 - Low back pain, unspecified
- M54.51 - Vertebrogenic low back pain
- M54.59 - Other low back pain

79

Newborn Affected by Positive Group B Streptococcus

- A mother can pass Group B Streptococcus to her baby during delivery
- Not every baby born to a mother testing positive for GBS will become ill
- Outcome to the newborn can be severe
  - Physicians include testing as part of routine prenatal care

80

Newborn Affected by Positive Group B Streptococcus

- Because of the high risk of morbidity and mortality for babies who are born to GBS positive mothers, the Academy of Pediatrics (AAP) is requesting a new code
  - To provide important clinical information for the newborns who are at risk
  - Allow for adequately tracking and monitoring

81

P00 - Newborn Affected by Maternal Conditions That May be Unrelated to Present Pregnancy

NEW CODE

- P00. 82 - Newborn affected by (positive) maternal group B streptococcus (GBS) colonization
  - Contact with positive maternal group B streptococcus

82

Abnormal Neonatal Screening

- American Academy of Pediatrics presented a proposal (2019)
- After public comments – revised proposal submitted
- Thirty four (34)core conditions as part of the Recommended Uniform Screening Panel (RUSP) with 26 target conditions
- States may vary which tests are mandated
- 4 main categories every state screens for

83

Four Tests all States Perform

- Metabolic conditions (e.g., PKU, Maple syrup urine disease) Fatty Acid disorders, Organic acid disorders, Amino acid disorders, Other metabolic disorders
- Endocrine conditions (e.g., congenital hypothyroidism)
- Hemoglobin conditions (e.g., sickle cell anemia)
- Other conditions (e.g., critical congenital heart disease[CCHD])
  - CCHD mandated in more than half states

84

Reporting New Codes

- Report for abnormal results from a state-mandated screen
- Do not to be reported when the baby is tested due to a maternal condition, even if the baby is asymptomatic
- Neonatal CCHD screening failure (abnormal findings) is a distinct clinical event that clinicians now face
- As this screening is performed on asymptomatic newborns, those babies who fail the CCHD screening should have no other signs or symptoms that would justify additional testing, which includes a cardiac echo.

85

American Academy of Pediatrics

- Asked for expansion of P09 Abnormal findings on neonatal screening
  - Shows specifically which screening categories were abnormal
  - A unique code would reflect an increase in healthcare utilization until a more definitive diagnosis can be made
    - e.g., echo test from positive CCHD screen

86

P09 - Abnormal Findings on Neonatal Screening

ADD: Abnormal findings on state mandated newborn screens

DELETE: ~~Use additional code to identify signs, symptom and conditions associated with the screening~~

NEW CODES:

- P09.1 - Abnormal findings on neonatal screening for inborn errors of metabolism
- P09.2 Abnormal findings on neonatal screening for congenital endocrine disease
  - Abnormal findings on congenital adrenal hyperplasia
  - Abnormal findings on hypothyroidism screen
- P09.3 Abnormal findings on neonatal screening for congenital hematologic disorders
  - Abnormal findings for hemoglobinothies screen
  - Abnormal findings on red cell membrane defects screen
  - Abnormal findings on sickle cell screen

87

P09 - Abnormal Findings on Neonatal Screening

NEW CODE

- P09.4 Abnormal findings on neonatal screening for cystic fibrosis
- P09.5 - Abnormal findings on neonatal screening for critical congenital heart disease
  - Neonatal critical congenital heart disease screening failure
- P09.6 - Abnormal findings on neonatal screening for neonatal hearing loss
  - Excludes2: Z01.110 Encounter for hearing examination following failed hearing screening
- P09.8 - Other abnormal findings on neonatal screening
- P09.9 - Abnormal findings on neonatal screening, unspecified

88

Cough

- Part of the body's defense mechanism against inhaled irritants and respiratory infections
  - Clears the airways of foreign material and excess secretions
- Cough resolves after the inciting factor is eliminated (for most)
- Cough is initially classified by duration
  - They have different diagnostic possibilities
  - Different algorithms for evaluation and treatment

89

CHEST Guidelines

- Define Unexplained Chronic Cough (UCC) as cough that occurs under the following circumstances:
  - Chronic cough with no diagnosable cause
  - Explained but refractory chronic cough
  - Unexplained and refractory chronic cough (Irwin et al, 2018).

90

R05 Cough

- Excludes1:
  - Cough with hemorrhage (R04.2)
  - Smoker's cough (J41.0)

NEW CODES

- R05.1 - Acute cough
- R05.2 - Subacute cough
- R05.3 - Chronic cough Add
- R05.4 - Cough syncope
  - Persistent cough
  - Refractory cough
  - Unexplained cough
- R05.8 - Other specified cough
- R05.9 - Cough, unspecified

91

Nocturnal Polyuria

- Nocturia is waking up at night to void.
- Polyuria is making too much urine
  - Not specific for time
- Nocturnal polyuria is more specifically when the polyuria is only at nigh

92

R35 - Polyuria

NEW SUBCATEGORY

- R35.8 - Other polyuria

NEW CODES

- R35.81 - Nocturnal polyuria
- R35.89 - Other polyuria
  Polyuria NOS

93

American Psychiatric Association (APA)

- No unique code for current or history of nonsuicidal self-harm (self-injury), nonsuicidal self-mutilation, or other similar behaviors
- It is important to establish a unique code for self-harming behaviors
  - Conditions can be adequately treated and tracked in medical records and clinical databases
- New code would allow the ability to differentiated between suicidal and non-suicidal self-harm

94

Non-suicidal Self Injury (NSSI)

- The deliberate, self-inflicted destruction of body tissue resulting in immediate damage without suicidal intent
- The act of deliberately harming your own body
- Typically not meant as a suicide attempt
  - A harmful way to cope with emotional pain, intense anger and frustration
- Suicidal behavior and non-suicidal self-injury are both relatively common in the general population
  - Differ in terms of demographics, risk factors, and management

95

R45 - Symptoms & Signs Involving Emotional State

NEW CODE

- R45.88 - Nonsuicidal self-harm
  - Nonsuicidal self-mutilation
  - Code also injury, if known

96

Z91 - Personal Risk Factors, Not Elsewhere Classified

NEW SUBCATEGORY

- Z91.5 - Personal history of self-harm

- NEW CODE
- Z91.51 - Personal history of suicidal behavior
  - Personal history of parasuicide
  - Personal history of self-poisoning
  - Personal history of suicide attempt
- Z91.52 - Personal history of non-suicidal self-harm
  - Personal history of self-mutilation

97

Pediatric Feeding Disorder (PFD)

- Can be described as impaired oral intake that is not age-appropriate,
  - Is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction
- Individuals with PFD experience limitations.
- Pediatric feeding disorders can profoundly impact a child's physical, social, emotional, and/or cognitive function, and increase caregiver stress

98

Pediatric Feeding Disorder (PFD)

- Four important domains underlie PFD
  - Medical
  - Nutritional
  - Feeding skills
  - Psychosocial
- Symptoms must be present daily for at least 2 weeks
- PFD can be classified
  - Acute (< 3 months' duration)
  - Chronic (≥ 3 months' duration)

99

R63 Symptoms and Signs Concerning Food and Fluid Intake

NEW SUB-CATEGORY

- R63.3 - Feeding difficulties

NEW CODES

- R63.30 - Feeding difficulties, unspecified
- R63.31 - Pediatric feeding disorder, acute
  - Pediatric feeding dysfunction, acute
  - Code also, if applicable, associated conditions
- R63.32 - Pediatric feeding disorder, chronic
  - Pediatric feeding dysfunction, chronic
  - Code also, if applicable, associated conditions

100

Abnormal Findings of Blood Amino-Acid Level

- ICD-10-CM classifies homocysteinemia and homocystinuria to the same code (E72.11)
- The clinical knowledge of homocysteinemia has evolved and is clinically distinct from homocystinuria.
- NCHS received a proposal to create a unique code for abnormal findings of blood amino-acid level
- Further clinical investigation is required to determine the underlying factors creating the abnormal blood levels of homocysteinemia

101

R79 - Other Abnormal Findings of Blood Chemistry

NEW CODE

- R79.83 - Abnormal findings of blood amino-acid level

  Homocysteinemia

  Excludes1: specific findings indicate disorder of amino- acid metabolism (E70-E72)

102

Traumatic Brain Compression and Herniation

- Different parts of the brain may herniate, each causing a different clinical syndrome.
- Brain compression may also be significant, whether or not herniation is present.
- Brain compression and herniation can cause a number of signs and symptoms (e.g., pupillary dilation), and sometimes can be fatal in a short time if not treated.
- The presence or absence of brain compression or herniation is very important clinically
- It is not possible to differentiate whether or not brain herniation is present using the current codes.

103

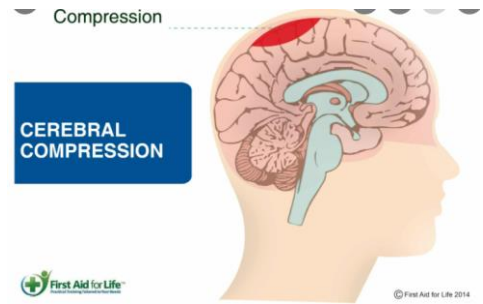
S06 - Intracranial Injury

The appropriate 7th character is to be added to each code from category S06

A - initial encounter

D - subsequent encounter

S - sequela



104

S06 - Intracranial Injury

NEW SUB-CATEGORY

- S06.A Traumatic brain compression and herniation
  - 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-)

105

S06 - Intracranial Injury

NEW CODE

- S06.A0 Traumatic brain compression without herniation
  - Traumatic brain compression NOS
  - Traumatic cerebral compression NOS
- S06.A1 Traumatic brain compression with herniation
  - Traumatic brain herniation
  - Traumatic cerebral compression with herniation
  - Traumatic cerebellar compression with herniation
  - Traumatic brainstem compression with herniation

106

Synthetic Cannabinoids

- Proposal requests to create separate and specific codes for non-fatal synthetic cannabinoid poisoning
- Requests to expand T40.7
  - Submitted by
    - Division of Overdose Prevention
    - National Center for Injury Prevention Control in the Centers for Disease Control and Prevention

107

Synthetic Cannabinoids

- Synthetic cannabinoids have contributed to illness, injury and death
  - Act on the same brain cell receptors as tetrahydrocannabinol (THC)
    - Main active ingredient in marijuana
- Long-term health outcomes of synthetic cannabinoid use are not well-studied or understood
  - Use of some synthetic cannabinoid compounds has resulted in long-term psychiatric disorders or death.

108

Synthetic Cannabinoids

- No distinction between cannabis and synthetics in ICD-10-CM
  - Substantively different in terms of
    - Chemical structure
    - Legal status
    - In other ways
- Surveillance data using synthetic cannabinoid ICD-10-CM codes is critical to monitor the public health burden
- Proposal is requesting to expand codes T40.7 to create separate and specific ICD-10-CM codes for nonfatal synthetic cannabinoid poisoning

109

T40 - Poisoning by, Adverse Effect of and Underdosing of Narcotics and Psychodysleptics [hallucinogens]

The appropriate 7th character is to be added to each code from category T40

A - initial encounter

D - subsequent encounter

S - sequela

NEW SUB-CATEGORY

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

110

T40 - Poisoning by, Adverse Effect of and Underdosing of Narcotics and Psychodysleptics [hallucinogens]

- NEW CODES
- 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

111

T40 - Poisoning by, Adverse Effect of and Underdosing of Narcotics and Psychodysleptics [hallucinogens]

NEW SUBCATEGORY

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

NEW CODE

- 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

112

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

DELETE

- ~~T407X Cannabis (derivatives)~~

113

T63.6 - Toxic Effect of Contact With Other Venomous Marine Animals

REVISE FROM

- T63.61 - Toxic effect of contact with Portugese Man-o-war

REVISE TO

- T63.61 - Toxic effect of contact with Portuguese Man-o-war

Complication of Immune Effector Cellular (IEC) Therapy

- The Alliance of Dedicated Cancer Centers (ADCC) is requesting a single new code to capture the complication of Immune Effector Cellular (IEC) therapy. The request for a new code will enable the ability to report and track this important clinical information
- Currently there are no ICD-10-CM diagnosis codes for reporting a complication of IEC therapy at the level of specificity that is being requested. The creation of new codes will allow coding professionals to more accurately translate physician documentation and clinical terminology into codes that describe this condition

115

T80 - Complications Following Infusion, Transfusion and Therapeutic Injection

- The appropriate 7th character is to be added to each code from category T80
  - A - initial encounter
  - D - subsequent encounter
  - S - sequela

NEW CODE

- T80.82 - Complication of immune effector cellular
  - Excludes2: Complication of bone marrow transplant (T86.0)
  - Complication of stem cell transplant (T86.5)
  - Use additional code to identify the specific complication

116

Post COVID-19 Condition

- The disease COVID-19, caused by the coronavirus SARS-CoV-2
- Some people can have long term effects following infection
  - Loss of smell or taste
  - Chronic respiratory failure
  - Acute Respiratory Distress Syndrome (ARDS)

117

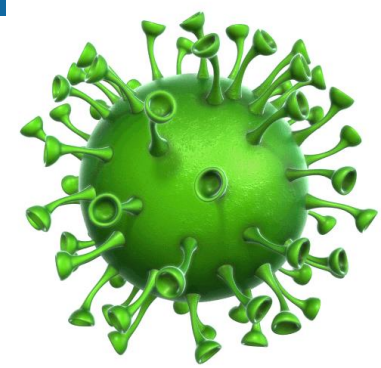
U09 - Post COVID-19 Condition

NEW CATEGORY

- U09 - Post COVID-19 condition

NEW CODE

- U09.9 - Post COVID-19 condition, unspecified



118

Massachusetts Department of Public Health

- The Massachusetts Injury Surveillance Program (ISP) requested new ICD-10-CM codes related to injuries resulting from legal intervention
- The original proposal was presented at the September 11-12, 2018
- Surveillance technologies have facilitated national and international awareness of an upward trend in the rate of injuries to law enforcement officials, bystanders and suspects resulting from legal intervention
  - No codes to describe this mechanism of injury to them

119

Y35.89 Legal Intervention Involving Other Specified Means

The appropriate 7th character is to be added to each code from category Y35

A - initial encounter

D - subsequent encounter

S - sequela

NEW CODE

- Y35.899 - Legal intervention involving other specified means, unspecified person injured

120

Social Determinants of Health

- Literature has clarified and further identified the social determinates of heath
  - Their impact on health costs
- A three step process to address terminology needs developed in 2017
  - Collate existing terminology
  - Assess the applicability of existing terms and collaboratively fill and address gaps
  - Craft a path for data standards to ground this work
- Out of this, the Gravity Project was initiated

121

Social Determinants of Health

- The Gravity Project
  - A national, public, consensus-based community
  - Charged with developing data elements, and data standards for health
    - By leveraging the insights of subject matter experts and key stakeholders across the medical and social care community (patients, providers, payers, community-based organizations, vendors, and government)
  - The Project's terminology recommendations span all U.S. applicable coding systems: ICD-10-CM, SNOMED CT, LOINC, and CPTÒ/HCPCS when appropriate

122

Social Determinants of Health
Z55 - Problems Related to Education and Literacy

NEW CODE

- Z55.5 - Less than a high school diploma
  - No general equivalence degree (GED)

123

Social Determinants of Health

NEW CATEGORY

- Z58 - Problems related to physical environment
  Excludes2 : Occupational exposure (Z57.-)

NEW CODE

- Z58.6 Inadequate drinking-water supply
  - Lack of safe drinking water
  - Excludes2: deprivation of water (T73.1)

124

Social Determinants of Health
Z59 - Problems Related to Housing and Economic Circumstances

NEW SUB-CATEGORY

- Z59.0 - Homelessness

NEW CODES

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

125

Social Determinants of Health
Z59 - Problems Related to Housing and Economic Circumstances

NEW CODE

- Z59.02 - Unsheltered homelessness
  - Residing in place not meant for human habitation such as:
    - Cars
    - Parks
    - Sidewalk
    - Abandoned buildings
  - Residing on the street

126

Social Determinants of Health
Z59.4 - Lack of Adequate Food

NEW CODES

- Z59.41 - Food Insecurity
  Inadequate food
  Lack of food
- Z59.48 - Other specified lack of adequate food

127

Social Determinants of Health
Z59.8 - Other Problems Related to Housing and Economic Circumstances

NEW SUB-CATEGORY

- Z59.81 Housing instability, housed
  - Past due on rent or mortgage
  - Unwanted multiple moves in the last 12 months

NEW CODE

- Z59.811 - Housing instability, housed, with risk of homelessness
  Imminent risk of homelessness
- Z59.812 - Housing instability, housed, homelessness in past 12 months
- Z59.819 - Housing instability, housed unspecified

128

Social Determinants of Health
Z59.8 - Other Problems Related to Housing and Economic Circumstances

NEW CODE

- Z59.89 - Other problems related to housing and economic circumstances

  Isolated dwelling

129

Immunization Counseling

- Requested addition of a specific code to identify an encounter when vaccines are discussed at length with parents/patients
- Currently no code specific to this instance
- Specifically an encounter where parent/patient presents for vaccine counseling
  - May want alternative vaccine or schedule
  - Spend time with provider about vaccine safety

130

Z71.8 - Other Specified Counseling

NEW CODE

- Z71.85 - Encounter for immunization safety counseling
  Encounter for vaccine product safety counseling
  Code also, if applicable, encounter for immunization (Z23)

131

Allergy to Mammalian Meats

- Alpha-gal syndrome is associated with allergic reactions to red meat and other products made from mammals
- Signs and symptoms may include:
  - Hives
  - Itching
  - Eczema
  - Swelling of the lips, face, tongue and throat, or other body parts
  - Wheezing or shortness of breath
  - Runny nose
  - Stomach pain
  - Diarrhea
  - Nausea or vomiting
  - Sneezing
  - Headaches
  - Severe, potentially deadly allergic reaction that restricts breathing (anaphylaxis)

132

Z91.01 - Food Allergy Status

NEW CODE

- Z91.014 - Allergy to mammalian meats
  - Allergy to red meats
  - Allergy to beef
  - Allergy to pork
  - Allergy to lamb

133

Alliance of Dedicated Cancer Centers (ADCC)

- Proposes tabular modifications to address the need to track patients who have received Chimeric Antigen Receptor T-Cell Therapy (CAR-T).
- This information is important to understand the long-term impact and benefits of CAR-T therapy, assess costs and other issues presented by this evolving therapy.
- No code to capture status of patient after receiving CAR-t therapy

- Desire to track
  - Patient outcomes
  - Reason for additional tests
  - Treatment and additional resources

134

Z92.8 Personal History of Other Medical treatment

NEW SUBCATEGORY

- Z92.85 - Personal history of cellular therapy

NEW CODES

- Z92.850 - Personal history of Chimeric Antigen Receptor T-cell therapy
  Personal history of CAR-T therapy
- Z92.858 - Personal history of other cellular therapy
- Z92.859 - Personal history of cellular therapy, unspecified
- Z92.86 - Personal history of gene therapy

135

QUESTIONS?

136