



# Be Ready for the ICD-10-CM 2020 Updates

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October 1, 2019 introduces 273 new diagnosis codes, 21 deactivated codes, and 35 code description revisions to the International Classification of Diseases, 10<sup>th</sup> Revision, Clinical Modification set, bringing the total ICD-10-CM code count to 72,184. The following describes those that are most relevant to the urgent care provider.

### **Chapter 8: Diseases of the Ear and Mastoid Process (H60-H95)**

There is just a small change to note here, where code H81.4, “Vertigo of central origin” was added to replace expired codes H81.41, H81.42, H81.43, and H81.49. This change removes the laterality coding options.

### **Chapter 9: Diseases of the Circulatory System (I00-I99)**

Codes in category I48 were added to indicate the different forms of persistent and chronic atrial fibrillation. Those new codes are:

- I48.11, “longstanding persistent atrial fibrillation”
- I48.19, “other persistent atrial fibrillation”
- I48.20, “chronic atrial fibrillation, unspecified”
- I48.21, “permanent atrial fibrillation”

Laterality and location were also added to codes in category I82 for phlebitis and thrombophlebitis. For example, I80.241, “phlebitis and thrombophlebitis of right peroneal vein” and I80.253, “phlebitis and thrombophlebitis of calf muscular vein, bilateral.” Codes were also added to category I82 to differentiate acute and chronic embolism and thromboses, such as I82.451, “acute embolism and thrombosis of right peroneal vein” and I82.551, “chronic embolism and thrombosis of right peroneal vein.”



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*“A final note about the guideline updates relates to coding uncertain diagnoses: The terms 'compatible with' and 'consistent with' were added as terms indicating uncertainty of a diagnosis.”*

### **Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)**

A total of 25 new codes in category L89 were added and the guidelines updated to identify and code deep tissue injuries as opposed to having to code them as unstageable pressure ulcers, as was the case with the 2019 ICD codes. Some examples are:

- L89.116, “pressure-induced deep tissue damage of right upper back”
- L89.226, “pressure-induced deep tissue damage of left hip”
- L89.816, “pressure-induced deep tissue damage of head.”

### **Chapter 17: Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)**

Laterality was added to certain congenital diseases of the foot and ankle, resulting in the addition of 31 codes in category Q66. For example, code Q66.21, “congenital metatarsus primus varus” was deleted and replaced with three codes, Q66.211, Q66.212, and Q66.219, representing the congenital metatarsus primus varus of the right foot, left foot, and unspecified foot, respectively. You will find the same pattern with the following diseases:

- Congenital metatarsus adductus
- Other congenital varus deformities of feet
- Congenital talipes calcaneovalgus

- Congenital pes cavus
- Congenital deformity of feet

**Chapter 18: Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)**

Code R11.15, “cyclical vomiting syndrome unrelated to migraine” was added, and the two codes in category R82 are:

- R82.81, “Pyuria”
- R82.89, “Other abnormal findings on cytological and histological examination of urine”

**Chapter 19: Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)**

Sixty codes were added to category S02 to represent laterality and position around the eye for acute open and closed fractures of the orbital wall. A few examples are:

- S02.121A, “fracture of orbital roof, right side, initial encounter”
- S02.832A, “fracture of medial orbital wall, left side, initial encounter”
- S02.842A, “fracture of lateral orbital wall, left side, initial encounter”
- S02.85XA, “fracture of orbit, unspecified, initial encounter”

Guidelines for coding poisoning by, adverse effect of, and underdosing were updated to assign newly added codes under subcategory T50.91 if two or more drugs, medicinal or biological substances, are taken. Examples of those changes are:

- T50.911A, “poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter”
- T50.915A, “adverse effect of multiple unspecified drugs, medicaments and biological substances, initial encounter”
- T50.916D, “underdosing of multiple unspecified drugs, medicaments and biological substances, subsequent encounter”

Category T67 will see additional codes, as well, in order to identify heatstroke and sunstroke. For example:

- T67.01XA, “heatstroke and sunstroke, initial encounter”
- T67.02XD, “exertional heatstroke, subsequent encounter”
- T67.09XA, “other heatstroke and sunstroke, initial encounter”

**Chapter 20: External Causes of Morbidity (V00-Y99)**

There were 75 new codes added to category Y35 to identify legal intervention with several weapons, such as a handgun (Y35.029-), rubber bullet (Y35.049-), and tear gas (Y35.219-), with injury to unspecified persons, initial, subsequent, and

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sequela encounters, just to name a few. One example is, Y35.319A, “legal intervention involving baton, unspecified person injured, initial encounter.”

**Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)**

There were two codes added for the encounter for the exam of the eyes and vision following a failed vision screening without and with abnormal findings with codes Z01.020 and Z01.021, respectively.

Code Z11.7 was added for testing for latent tuberculosis infection, code Z22.7 was added to diagnosis latent tuberculosis, and code Z86.15 was added for documenting the personal history of latent tuberculosis infection.

Category Z86 had six codes added to represent personal history of in-situ neoplasms of genital organs, oral cavity, unspecified digestive organs, middle ear and respiratory system, and skin.

Code Z96.82 was also added to indicate the presence of a neurostimulator.

A final note about the guideline updates relates to coding uncertain diagnoses. The terms “compatible with” and “consistent with” were added as terms indicating uncertainty of a diagnosis.

The full instruction for coding an uncertain diagnosis for outpatient services is, “Do not code diagnoses documented as ‘probable,’ ‘suspected,’ ‘questionable,’ ‘rule out,’ ‘compatible with,’ ‘consistent with,’ ‘working diagnosis,’ or other similar terms indicating uncertainty. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.”

All updates are available on the CMS website (<https://www.cms.gov>). ■