



What's New for ICD-10 in 2021?

■ MONTE SANDLER

It's that time of year again. On October 1, 2020, the annual update to ICD-10 codes goes into effect. Just a reminder—there is no grace period. Use of deleted or invalid diagnosis codes will result in claim denial and delay payment.

The *ICD-10-CM Official Guidelines for Coding and Reporting FY 2021 (October 1, 2020 – September 30, 2021)* have also been updated. These are provided by the Centers for Medicare and Medicaid Services with the National Center for Health Statistics.

COVID-19

The coding guidelines regarding COVID-19 have been added to the official guidance and take the place of the interim rules that were released earlier this year. How you code COVID-19 is a factor in whether these claims process correctly and to avoid balances the patient should not be required to pay.

Only confirmed cases as documented by the provider or confirmed by test results should be coded with ICD **U07.1**, *COVID-19*. This code should be the primary diagnosis on the claim. Codes for any acute respiratory manifestations due to COVID-19 should be additional diagnoses (eg, pneumonia). This is also the case for non-respiratory manifestations caused by COVID-19.

Suspected cases of COVID-19 should be coded with signs and symptoms (eg, fever or cough).

Asymptomatic patients with actual or suspected exposure should be coded with ICD **Z20.828**, *Contact with and (suspected) exposure to other viral communicable diseases*. This is a change from prior guidance which said to code ICD **Z03.818**, *Encounter for observation for suspected exposure to other biological agents ruled out*, for possible exposure. ICD **Z03.818** no longer appears in the official guidelines.

Another ICD code in the interim guidelines that has been removed is ICD **Z11.59**, *Encounter for screening for other viral diseases*. Per the official guidelines, during the COVID-19 pandemic a screening code is “generally not appropriate.” Even COVID-19 testing for preoperative purposes should be coded

as exposure, ICD **Z20.828**.

Diagnoses added to this guidance are:

- History of COVID-19: **Z86.19**, *Personal history of other infectious and parasitic diseases*
- Follow-up visits after COVID-19 has resolved: **Z09**, *Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm*, and **Z86.19**
- Encounter for antibody testing: **Z01.84**, *Encounter for antibody response examination*
- No new ICD codes were created for reporting COVID-19

Vaping-Related Disorders

ICD **U07.0**, *Vaping-related disorder*, was issued in the middle of 2020. For conditions related to vaping, this should be the primary diagnosis on the claim. For lung injury due to vaping, only code **U07.0** is assigned. If the patient presents with other manifestations due to vaping (eg, acute respiratory failure), this should be an additional diagnosis.

Respiratory signs and symptoms due to vaping would not be coded separately when the cause is established. Gastrointestinal symptoms would be coded separately.

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Other Changes

A new code set was added for withdrawal from alcohol use (F10.930-F10.939) or abuse (F10.130-F10.139). The sixth digit identifies related symptoms (eg, delirium).

Similar codes were added for mental and behavioral disorders due to withdrawal from other psychoactive substance use:

- Opioid abuse (F11.13)
- Cannabis (F12.13)
- Sedative, hypnotic, or anxiolytic (F13.130-F13.139)
- Cocaine (F14.13 or F14.93)
- Stimulants (F15.13)



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■ Other substances (F19.130-F19.139)

Fifth digits have been added to ICD codes for esophagitis and gastro-esophageal reflux disease (GERD) to indicate whether bleeding is involved:

- K20.80: Other esophagitis without bleeding
- K20.81: Other esophagitis with bleeding
- K20.90: Esophagitis, unspecified without bleeding
- K20.91: Esophagitis, unspecified with bleeding
- K21.00: GERD with esophagitis, without bleeding
- K21.01: GERD with esophagitis, with bleeding

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required for a more specific code.

Stage 3 (moderate) chronic kidney disease now requires a fifth digit to indicate if it is stage 3a (N18.31), stage 3b (N18.32), or unspecified (N18.30).

Headache (R51) needs a fourth digit for an orthostatic component, not elsewhere classified (R51.0). Use R51.9 for Headache, unspecified. The term *not elsewhere classified* (NED) indicates there may be diagnoses elsewhere that better describe the condition. Coders should follow the new Excludes2 notes for guidance.

Additional digits have been added to the superficial injury of the thorax section of the injury chapter to specify the location further (S20.213-S20.374).

Codes T40.4X1-T40.4X6 for poisoning by, adverse effect of, and underdosing of other synthetic narcotics were deleted. Codes that specify the substance (eg, fentanyl) have been added (T40.411-T40.496).

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