

## ED Coding and Reimbursement Alert

### ICD-10: You'll Find New Appendicitis, Ecstasy Poisoning Codes on Oct. 1

**The 2019 diagnosis codes include over 300 additions.**

From time to time, every ED coder wishes that different or more specific ICD-10 codes existed, and starting this fall, CMS delivers. About 320 new diagnosis codes will debut on Oct. 1, and 172 codes have been revised. CMS published the full listing of codes in mid-June, but we've reviewed the list to identify the changes most relevant to emergency departments.

#### Check out New Appendicitis Codes

Effective Oct. 1, you'll find new codes that allow additional specificity in appendicitis coding. The codes open up the options for reporting appendicitis with peritonitis depending on whether or not the patient had an abscess, perforation, or gangrene. The changes, which were actually proposed last year by the American Association for the Surgery of Trauma, include eight new codes and almost as many revisions to codes and subcategories in the K35 (Acute appendicitis) range.

**For instance:** The changes expand the current appendicitis codes out to a fifth, and sometimes sixth, character, including the following, among others:

- K35.20 - Acute appendicitis with generalized peritonitis, without abscess
- K35.21 - Acute appendicitis with generalized peritonitis, with abscess
- K35.30 - Acute appendicitis with localized peritonitis, without perforation or gangrene
- K35.891 - Other acute appendicitis without perforation, with gangrene

Thanks to the new codes, emergency departments will need to be increasingly specific in their documentation so coders know when appendicitis patients have peritonitis, abscess, perforation, or gangrene, because the coding choice will depend upon those facts.

This change is significant enough to warrant coders to speak with their ED physicians about it in-depth, because specifying the appendicitis to this level of clinical detail is not always a part of the documentation.

#### Check out Ecstasy Codes

Starting Oct. 1, you'll find 17 new codes in the T43.64x (Poisoning by ecstasy) section of the ICD-10 manual that expand out to additional details to describe ecstasy poisoning, depending on whether the poisoning was accidental, intentional, assault, or undetermined.

**What's the difference?** According to the official ICD-10-CM Guidelines, "When coding a poisoning or reaction to the improper use of a medication (e.g., overdose, wrong substance given or taken in error, wrong route of administration), first assign the appropriate code from categories T36-T50." That means that these codes should be assigned for most reasons that an ED would see an ecstasy patient.

"Use additional code(s) for all manifestations of poisonings," the ICD-10 Guidelines say. "If there is also a diagnosis of abuse or dependence of the substance, the abuse or dependence is assigned as an additional code."

#### Postpartum Depression Coding Is Now Clearer

Also of interest to EDs, you'll find a new code that describes postpartum depression, a condition that emergency room physicians occasionally see. New code F53.0 (Postpartum depression) offers more specificity than the code you've been

reporting, which is F53 (Puerperal psychosis). However, you'll now find that code listed under new code F53.1 (Puerperal psychosis) and you can report the postpartum depression more specifically with the new F53.0 code.

**Facial spasm coding:** You'll also find new code G51.31 (Clonic hemifacial spasm, right), followed by additional codes to describe the left side, bilateral, or unspecified location. These codes (G51.31-G51.39) require the coder to assign five characters to describe the location of the spasm.

**Resource:** To access the entire list of new, revised, and deleted ICD-10 codes, visit the CMS website at [www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-CM.html](http://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-CM.html).