

Internal Medicine Coding Alert

ICD-10 Update: Start Preparing For ICD-10 Code Changes in October 2016

Wait for final code set to release in June

If you are aware, the Centers for Disease Control and Prevention (CDC) has recently posted a preliminary list of ICD-10-CM changes for October 1 (aka ICD-10-CM 2017). The list is voluminous comprising more than 2,000 new, deleted, or revised codes, which is why we've narrowed down the list to five main areas that internal medicine coders will need to know.

Be warned: The list is not yet final. "The code lists that have been posted on the CMS [Centers for Medicare & Medicaid Services] and CDC websites are NOT the final list. The Addenda to be published in June is the complete, final list of code changes going into effect this October," says a coding expert. The CDC will post the final addendum in June.

Resource: To review the complete list, head to ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2017/NewICD10CMCodes_FY2017.txt.

1. Find Expanded Codes For Familial Hypercholesterolemia

If you had to code "familial hypercholesterolemia" today, you would have to use generic code E78.0 (Pure hypercholesterolemia).

But you can expect ICD-10-CM 2017 to replace E78.0 with two new options:

- E78.00, Pure hypercholesterolemia, unspecified
- E78.01, Familial hypercholesterolemia.

Don't miss: ICD-10-CM 2017 has another familial hypercholesterolemia code planned, too: when performing an E/M service, if your clinician notes "a family history of familial hypercholesterolemia," you report it with a newly introduced code, Z83.42, Family history of familial hypercholesterolemia.

2. Laterality factor for Diabetes Mellitus with Eye Complications

Currently, when reporting a diagnosis of eye complications associated with diabetes mellitus, you do not have codes that specify which eye is affected by these complications. When the proposed changes come into effect, you will be able to specifically identify which eye(s) is showing signs of the complications.

With the proposed changes, you will have to eliminate the following codes from your ICD-10 list in favor of expanded codes specifying the eye(s) involved:

- E10.321 (Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema)
- E10.329 (...without macular edema)
- E10.331 (Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema)
- E10.339 (...without macular edema)
- E10.341 (Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema)
- E10.349 (...without macular edema)
- E10.351 (Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema)
- E10.359 (...without macular edema)
- E11.321 (Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema)
- E11.329 (...without macular edema)

- E11.331 (Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema)
- E11.339 (...without macular edema)
- E11.341 (Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema)
- E11.349 (...without macular edema)
- E11.351 (Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema)
- E11.359 (...without macular edema).

Few more codes: Apart from these above mentioned diabetes mellitus diagnosis codes, you will also have to eliminate the following code series from your current code lists and replace them with appropriate side specific codes. You will need to remove most of E08.3- (Diabetes mellitus due to underlying condition with ophthalmic complications); E09.3- (Drug or chemical induced diabetes mellitus with ophthalmic complications) and E13.3- (Other specified diabetes mellitus with ophthalmic complications) and replace them with appropriate side specific codes as is described below.

"Some of the codes in these families are unaffected," notes a coding specialist. "For example, codes E08.31-, E08.36, and E08.39 will not be expanded to specify the eye(s) involved," he adds.

New codes: Each of these above mentioned codes will be replaced by four more specific codes depending on which eye(s) is affected by the complications of diabetes. For instance, you currently report E10.321 when a patient is suffering from Type 1 diabetes with signs of mild non-proliferative retinopathy with macular edema, irrespective of the eye that is affected. When the proposed changes come into effect, this ICD-10 code will be replaced by these four options:

- E10.3211 (Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye)
- E10.3212 (Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye)
- E10.3213 (Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral)
- E10.3219 (Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye).

So, when ICD-10-CM 2017 becomes effective, you will use E10.3211 if the right eye is showing signs of retinopathy, while choose E10.3213 when the condition is found in both the eyes. This expansion is consistent with other parts of ICD-10-CM, which are already side specific.

3. New and Specific Codes for Bunions and Bunionettes

Currently, you do not have specific codes to report a bunion or a bunionette. You report either one with the same ICD-10 code that you use to report Hallus valgus. So, you report M20.1- (Hallux valgus [acquired]) with the sixth character depending on which foot is affected by the condition.

A bunion is an enlargement of bone or tissue around the metatarsophalangeal (MTP) joint of the great toe. It is often caused by patients wearing shoes that are too narrow around the toe box and can cause pain and deformity of the toes. A bunionette is a similar kind of enlargement that can be found on the small pinky toe.

A common misconception is that "hallux valgus" and "bunion" refer to the same thing. Hallux valgus is an angled displacement of the great toe, causing it to ride over or under other toes. So, a patient with hallux valgus has an angular deformity of the great toe. So a person can have a bunion but needn't necessarily have a hallux valgus deformity.

If the proposed changes come into effect, you will no longer have to report a bunion with the code for hallux valgus (M20.1-). Instead, you will have the following code options to report bunions and bunionettes:

- M21.611 (Bunion of right foot)
- M21.612 (Bunion of left foot)
- M21.619 (Bunion of unspecified foot)
- M21.621 (Bunionette of right foot)
- M21.622 (Bunionette of left foot)
- M21.629 (Bunionette of unspecified foot).

4. Add These Options for Hand Joint Pains

In the present ICD-10 list, you do not have any specific code if your clinician makes a diagnosis of pain in the joints of the hand. If your clinician arrives at this diagnosis, you will need to currently reach out to an unspecified code such as M25.50 (Pain in unspecified joint). However, if the proposed ICD-10 changes come into effect, this is all set to change.

According to these changes, you will see new codes that you can add to your arsenal that will help you report a pain in the joints of the hand. You will have to use these three codes, depending on which hand the joint pain is in:

- M25.541 (Pain in joints of right hand)
- M25.542 (Pain in joints of left hand)
- M25.549 (Pain in joints of unspecified hand).

5. Changes in Your "Z" Code Lists

According to the new proposed changes, you will see some changes to the Z codes that you are currently using. As of now, you have to identify a "carrier of viral hepatitis" by using an appropriate 5th digit expansion to Z22.5 (Carrier of viral hepatitis), depending on whether the patient is a carrier of hepatitis B or C or some other or unspecified viral hepatitis. In the new set, this has been simplified, and you will no longer need to identify the hepatitis type. You just have to report Z22.5, irrespective of the type of hepatitis the patient is a carrier of.

Also, you have to add these "encounter" codes to your present lists:

- Z29.11 (Encounter for prophylactic immunotherapy for respiratory syncytial virus [RSV])
- Z29.12 (Encounter for prophylactic antivenin)
- Z29.13 (Encounter for prophylactic Rho[D] immune globulin)
- Z29.14 (Encounter for prophylactic rabies immune globulin)
- Z29.3 (Encounter for prophylactic fluoride administration)
- Z29.8 (Encounter for other specified prophylactic measures)
- Z29.9 (Encounter for prophylactic measures, unspecified)
- Z30.015 (Encounter for initial prescription of vaginal ring hormonal contraceptive)
- Z30.016 (Encounter for initial prescription of transdermal patch hormonal contraceptive device)
- Z30.017 (Encounter for initial prescription of implantable subdermal contraceptive)
- Z30.044 (Encounter for surveillance of vaginal ring hormonal contraceptive device)
- Z30.045 (Encounter for surveillance of transdermal patch hormonal contraceptive device)
- Z30.046 (Encounter for surveillance of implantable subdermal contraceptive)
- Z31.7 (Encounter for procreative management and counseling for gestational carrier)
- Z51.6 (Encounter for desensitization to allergens).

Stay tuned: We'll keep you posted once the final addendum comes out and let you know if these decisions are final or there are any other changes.