

Radiology Coding Alert

ICD-10-CM Updates: Refresh Your ICD-10-CM Coding Inventory With Brand-New Updates

See the huge variety of new codes that's in store for you.

On the surface, 2020 is presenting as a somewhat tame year in terms of new, revised, and deleted ICD-10-CM code standards. However, a more in-depth glimpse into the broad array of coding changes reveals that there's plenty of important material for coders of nearly every specialty to consider.

Radiology coders are conditioned to expect a hefty influx of specialty-specific codes, and this year is no different. From brand new sets of embolism/thrombosis and phlebitis/thrombophlebitis codes to a massive installment of orbital fracture codes, there's a whole lot to consider if you want to stay caught up as a radiology coder.

Dive in and have a look at the most important radiology-specific changes to the 2020 ICD-10-CM manual.

See New Vascular Disease Codes for Peroneal, Muscular Veins

For scans that involve phlebitis, thrombophlebitis, or embolism/thrombosis diagnoses, you'll have a new set of codes to consider depending on the site. Previously, when coding these conditions of the peroneal or muscular veins, you've had to resort to I82.49- (Acute embolism and thrombosis of other specified deep vein of lower extremity). Beginning in October, however, you'll have the option of reporting each respective condition with the following codes:

Refresher: When ICD-10-CM alludes to "muscular" veins, it's referring to the soleal and gastronemicus veins located in the calf. The peroneal vein is another vessel located in the calf. Each of these vessels are considered deep veins.

Previously, when coding phlebitis, thrombophlebitis, or embolism/thrombosis of the peroneal or muscular veins, you've had to resort to I82.49- (Acute embolism and thrombosis of other specified deep vein of lower extremity). Beginning in October, however, you'll have the option of reporting each respective condition with the following codes:

- I80.24- (Phlebitis and thrombophlebitis of peroneal vein)
- I80.25- (Phlebitis and thrombophlebitis of muscular vein)
- I82.45- (Acute embolism and thrombosis of peroneal vein)
- I82.46- (Acute embolism and thrombosis of calf muscular vein).

"With respect to usage, these new codes would generally support peripheral vascular studies such as duplex scans of extremity veins," notes **Sarah L. Goodman, MBA, CHCAF, COC, CCP, FCS**, president and CEO of SLG, Inc. Consulting in Raleigh, North Carolina.

Report Specified Forms of Atrial Fibrillation, Pulmonary Embolism

Next up, you'll want to make a note of a few important changes to pulmonary embolism and atrial fibrillation reporting. ICD-10-CM makes a note to elaborate a little further on various facets of these conditions. First, ICD-10-CM creates two new codes to report single subsegmental and multiple segmental pulmonary embolisms:

- I26.93 (Single subsegmental pulmonary embolism without acute cor pulmonale)
- I26.94 (Multiple subsegmental pulmonary emboli without acute cor pulmonale).

ICD-10-CM also expands on coding options of persistent and chronic forms of atrial fibrillation. ICD-10-CM will delete the existing code I48.1 (Persistent atrial fibrillation) and replace it with the following codes:

- I48.11 (Longstanding persistent atrial fibrillation)
- I48.19 (Other persistent atrial fibrillation).

On a similar note, ICD-10-CM will delete existing code I48.2 (Chronic atrial fibrillation) and replace it with the following codes:

- I48.20 (Chronic atrial fibrillation, unspecified)
- I48.21 (Permanent atrial fibrillation).

Refer to These Overlapping Quadrant Breast Lump Codes

Here's one change to consider that the radiology coding community as a whole can get behind. Since the creation of expanded breast lump codes, there's been a stream of questions on how to report a lump that overlaps quadrants. ICD-10-CM have put those concerns to rest with the following two new codes:

- N63.15 (Unspecified lump in the right breast, overlapping quadrants)
- N63.25 (Unspecified lump in the left breast, overlapping quadrants).

Behold This Long-Awaited New Code Set

Here's a set of specialty-specific ICD-10-CM codes for orbital wall and orbital roof fractures. For many coders, this code set has been a long time coming. "These new orbital fracture codes are very helpful," says **Kimberly Quinlan, CPC**, senior medical records coder for the University of Rochester Medical Center's Department of Otolaryngology in Rochester, New York. "When it comes to ICD-10-CM coding, the more specific, the better - so these will definitely be used," Quinlan emphasizes.

Prior to 2020, you've had to resort to S02.8- (Fractures of other specified skull and facial bones) for reporting of an orbital wall or orbital roof fracture. Now, there's a vast array of site-specific codes to utilize in the appropriate instances:

- S02.12- (Fracture of orbital roof)
- S02.83- (Fracture of medial orbital wall)
- S02.84- (Fracture of lateral orbital wall)
- S02.85X- (Fracture of orbit, unspecified).

Learn This New Deep Tissue Damage Code Set

Another brand-new code set for 2020 involves a set of pressure-induced deep damage codes. These codes are to be utilized for diagnoses of a subclass of pressure ulcers, specifically known as pressure-induced deep tissue injuries (DTI). These injuries will be represented by codes for a number of regions where you'd typically find a pressure ulcer:

- L89.0- (Pressure-induced deep tissue damage of elbow)
- L89.1- (Pressure-induced deep tissue damage of back)
- L89.2- (Pressure-induced deep tissue damage of hip)
- L89.3- (Pressure-induced deep tissue damage of buttock)
- L89.46 (Pressure-induced deep tissue damage of contiguous site of back, buttock and hip)
- L89.5- (Pressure-induced deep tissue damage of ankle)
- L89.6- (Pressure-induced deep tissue damage of heel)
- L89.816 (Pressure-induced deep tissue damage of head)
- L89.896 (Pressure-induced deep tissue damage of other site)
- L89.96 (Pressure-induced deep tissue damage of unspecified site).

Get Specific With Hx of In-Situ Neoplasms

Finally, get familiar with a few important new personal history codes involving in-situ neoplasms:

- Z86.002 (Personal history of in-situ neoplasm of other and unspecified genital organs)

- Z86.003 (Personal history of in-situ neoplasm of oral cavity, esophagus and stomach)
- Z86.004 (Personal history of in-situ neoplasm of other and unspecified digestive organs)
- Z86.005 (Personal history of in-situ neoplasm of middle ear and respiratory system)
- Z86.006 (Personal history of melanoma in-situ)
- Z86.007 (Personal history of in-situ neoplasm of skin)
- Z96.82 (Presence of neurostimulator).