

# Pain Management Coding Alert

## News You Can Use: Be Ready for ICD-10 Changes Coming in October

### Feds currently reviewing proposals for ICD-10 updates.

While the ICD-10 authors haven't updated the diagnosis coding book for the past half-decade, that moratorium is about to end.

The first annual update of the ICD-10 manual will take effect on Oct. 1, 2016. You can anticipate significant changes, judging by the information the Centers for Medicare & Medicare Services (CMS) released for public review. If accepted, alterations will include the following:

- 1,943 new codes, 422 revisions, and 305 deletions for ICD-10-CM
- 3,651 new codes, 351 revisions, and 313 deletions for ICD-10-PCS.

**Plus:** The ICD-10 Coordination and Maintenance Committee reviewed proposals for updating ICD-10-CM and PCS. If approved, these would be included in the Oct. 1, 2017, classification system addenda for FY 2018.

The new codes — which allow new or revised codes to encompass recent advances and trends in healthcare — have arrived sooner than many experts expected.

**Impact:** "Many of the nervous system mononeuropathy diagnoses that currently have ICD-10 codes specifying unilateral right or left conditions are proposed to add specific codes to represent the bilateral conditions" in 2017, according to **Marvel Hammer, RN, CPC, CCS-P, ACS-PM, CPCO**, owner of MJH Consulting in Denver, Co.

Take, for example, proposed code G56.03 (Carpal tunnel syndrome, bilateral upper limbs). If this code is adopted for 2017 and the patient has a diagnosis of bilateral carpal tunnel syndrome (CTS), the coder would only need to report G56.03 rather than G56.01 (Carpal tunnel syndrome, right upper limb) and G56.02 (Carpal tunnel syndrome, left upper limb).

The proposed revisions also include bilateral codes for meralgia paresthetica and causalgia (complex regional pain syndrome type 2).

### ICD-10 Likely to Add Bilateral CI Diagnoses

For providers, the proposed ICD-10 revisions suggest including new codes for cerebral infarction (CI) of the various bilateral arteries, rather than the unilateral right and left codes that you currently use, Hammer explains.

For example, if a patient had a cerebral infarction due to thrombosis of the bilateral carotid arteries, you'd report I63.033 (Cerebral infarction due to thrombosis of bilateral carotid arteries) in 2017. Under the current coding system, you'd report both I63.031 (Cerebral infarction due to thrombosis of right carotid artery) and I63.032 (Cerebral infarction due to thrombosis of left carotid artery) to represent this unilateral condition.

**Learn more:** The final addenda with additions/revisions will be published in late June at [www.cms.hhs.gov](http://www.cms.hhs.gov). You can find the current ICD-10-CM addendum at [www.cdc.gov/nchs/icd/icd10cm.htm](http://www.cdc.gov/nchs/icd/icd10cm.htm).

**Start preparing:** In the next few months, make sustained efforts to refine your ICD-10 coding practices. Enlist the revisions relevant to your practice and train your staff.