

FY 2013 ICD-10-CM and ICD-10-PCS Updates

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Updates have been released for the 2013 ICD-10-CM code set, approved by the ICD-9-CM Coordination and Maintenance Committee, as well as the 2013 ICD-10-CM/PCS updates maintained by the Centers for Medicare and Medicaid Services (CMS). There were minimal changes to the draft code sets in light of the partial code freeze that is currently in effect. Some changes were also made to the 2013 ICD-10-CM and ICD-10-PCS Draft Official Guidelines for Coding and Reporting that coders should note.

ICD-10-CM Code Changes

A new seventh character code is to be assigned to each code in subcategory H40.14-, Capsular glaucoma with pseudoexfoliation of lens. The seventh characters to be assigned include “0” for stage unspecified, “1” for mild stage, “2” for moderate stage, “3” for severe stage, and “4” for indeterminate stage. Per ICD-10-CM coding guidelines, the seventh character “4” is used for glaucoma where the stage cannot be clinically determined. It should not be confused with the seventh character “0,” unspecified, which would be assigned when there is no documentation regarding the stage of glaucoma.

The instruction to assign a seventh character representing the stage at subcategory H50.15-, Residual stage of open-angle glaucoma has been deleted. Code L41.2, Lymphomatoid papulosis has been deleted as well.

The description of codes M25.571, M25.572, and M25.579 has been expanded to include “...and joints of foot.” Previously these codes described pain in the ankle only.

Code Excerpt for Subcategory I69.35

The sixth character defines dominance vs. non-dominance and laterality.

| I69.35 | Hemiplegia and hemiparesis following cerebral infarction |
|---------------|--|
| I69.351 | Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side |
| I69.352 | Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side |
| I69.353 | Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side |
| I69.354 | Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side |
| I69.359 | Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side |

ICD-10-CM Draft Official Guidelines for Coding and Reporting

The following list includes the new general coding guidelines for ICD-10-CM:

- In relation to coding laterality, if the side is not identified in the medical record, assign the code for unspecified side. (Guideline 1.B.13.)
- Code assignment for the depth of non-pressure chronic ulcers may be based on documentation from clinicians who are not the patient's provider. This documentation guidance is the same as is found for body mass index and pressure ulcer staging code assignment. (Guideline 1.B.14.)
- Guideline 1.B.15, Syndromes, directs to assign additional codes for manifestations that are not integral to the disease process when the condition does not have a unique code.
- A new guideline has been added to address Borderline Diagnosis. Guideline 1.B.17 states, "If the provider documents a 'borderline' diagnosis at the time of discharge the diagnosis is coded as confirmed, unless the classification provides a specific entry (i.e., borderline diabetes)... Since borderline conditions are not uncertain diagnoses, no distinction is made between the care setting (inpatient versus outpatient)..." For example, a patient is diagnosed with borderline pulmonary hypertension at discharge. The coder would assign I27.2 for the pulmonary hypertension.

ICD-10-CM's 7th Character Explained

| Injury and External Cause – 7th Character Example | | |
|---|--|---|
| Initial – receiving active treatment | Subsequent – receiving routine care during healing or recovery (active treatment) | Sequela – complications or conditions arising as result of a condition |
| A | D | S |

Chapter-Specific Coding Guidelines

Guideline 1.C.9.d., Sequelae of cerebrovascular disease, provides guidance specific to the assignment of dominance related to hemiplegia, hemiparesis, and monoplegia. The guideline states, "Codes from category I69, Sequelae of cerebrovascular disease, that specify hemiplegia, hemiparesis, and monoplegia identify whether the dominant or non-dominant side is affected. Should the affected side be documented, but not specified as dominant or non-dominant, and the classification system does not indicate a default, code selection is as follows:

"For ambidextrous patients, the default should be dominant, if the left side is affected, the default is non-dominant, and if the right side is affected, the default is dominant." As an example, the correct code assignment for a patient who presents with right-sided hemiplegia due to an old stroke is I69.351, Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side.

Guideline 1.C.10.c., Influenza due to certain identified influenza viruses, now directs coders to code only confirmed cases of influenza due to other identified influenza virus (category J10) in addition to the previously specified category J09, Influenza due to certain identified influenza viruses.

If the documentation indicates suspected, possible, or probable avian, novel, or other identified influenza, then a code from category J11, Influenza due to unidentified influenza virus is assigned.

A new guideline relative to abortions is found at 1.C.15.q.3., Complications leading to abortion. This guideline provides for the assignment of Chapter 15 codes as additional codes to identify complications of a pregnancy in conjunction with category O07, Failed attempted termination of pregnancy, or category O08, Complications following ectopic and molar pregnancy.

Present on Admission

Several code categories have been added to the exemption list for a diagnosis present on admission. These new additions to the list are from Chapter 20, External Causes of Morbidity.

ICD-10-PCS Code Changes

Two new procedure codes were added in the Administration section representing the introduction of glucarpidase via percutaneous peripheral vein (3E033GQ) and percutaneous central vein (3E043GQ). Glucarpidase is used to treat toxic plasma methotrexate concentrations in patients with delayed methotrexate clearance due to impaired renal function.

Device Value Revision

The description of device value “S” in tables 0NH, 0NP, and 0NW has been shortened to “Hearing Device” rather than “Hearing Device, Bone Conduction.” These tables represent the root operations Insertion, Removal, and Revision in the Head and Facial Bones body system respectively. The descriptor was changed in order to include cochlear implant devices inserted into the skull.

Key, Aggregation Table Refinements

Several new entries were added to the Body Part Key as well as to the Device Key and Aggregation Table in response to public input. The Body Part Key Index now provides entries for Humerus, distal, use Humeral Shaft and Humerus, distal involving joint use Joint, Elbow.

The Device Key and Aggregation Table added the following entries: Tunneled spinal (intrathecal) catheter, use Infusion Device; Enterra gastric neurostimulator, use Stimulator Generator; Multiple Array for Insertion in Subcutaneous Tissue and Fascia, Cardiac event recorder, use Monitoring Device; Versa, use Pacemaker, Dual Chamber for Insertion in Subcutaneous Tissue and Fascia; and Hancock Bioprosthesis (aortic) (mitral) valve, use Zooplasic Tissue in Heart and Great Vessels.

The following devices were deleted from the Device Key and Aggregation Table as they do not meet the PCS criteria for classification as a device: Impella (2.5)(5.0)(LD) cardiac assist device, Intra-aortic balloon pump, Talent Captiva (sic) and Percutaneous tibial nerve stimulation lead.

Code Excerpt for Subcategory I69.35

This table includes qualifier additions for administration of Glucarpidase.

| | |
|--------------------|---|
| Section | 3– Administration |
| Body System | E – Physiological Systems & Anatomical Regions |
| Operation | 0 – Introduction – Putting in or on a therapeutic, diagnostic, nutritional, physiological or prophylactic substance except blood or blood products |

| Body System/Region | Approach | Substance | Qualifier |
|---------------------------|------------------|---------------------------------|--|
| 3 – Peripheral Vein | 3 – Percutaneous | G – Other Therapeutic Substance | C – Other Substance N – Blood Brain Barrier Disruption Q - Glucarpidase |

| | | | |
|------------------|------------------|---------------------------------|--|
| 4 – Central Vein | 3 – Percutaneous | G – Other Therapeutic Substance | C – Other Substance N – Blood Brain Barrier Disruption Q - Glucarpidase |
|------------------|------------------|---------------------------------|--|

ICD-10-PCS Draft Official Guidelines for Coding and Reporting

An introduction has been added before the table of contents in the 2013 ICD-10-PCS draft guidelines. The introduction provides information regarding the organizations that oversee ICD-10-PCS in the United States. This introduction specifies that the guidelines are a companion document to ICD-10-PCS and provide additional instruction. However, the instructions and conventions of the classification take precedence over the guidelines. It is also noted that adherence to these guidelines is required under the Health Insurance Portability and Accountability Act (HIPAA).

Body System Guideline B2.1b. has been expanded to specify the body systems to which the guideline applies. The general body part values specified as upper or lower are found in the Upper Arteries, Lower Arteries, Upper Veins, Lower Veins, Muscles, and Tendons body systems.

Upper or lower specifies body parts located above or below the diaphragm. For example, the right renal vein is found in tables for the Lower Vein body system, as the renal veins are beneath the diaphragm.

Root Operation Guideline B3.1b. clarifies that the anastomosis of a tubular body part is not to be coded separately. For example, in a sigmoid colon resection requiring anastomosis of the descending colon to the rectum, an additional code for the anastomosis would not be assigned.

A new guideline was added in the Body Part Guidelines. Guideline B4.8 states, “In the Gastrointestinal body system, the general body part values Upper Intestinal Tract and Lower Intestinal Tract are provided as an option for the root operations Change, Inspection, Removal and Revision.

Upper Intestinal Tract includes the portion of the gastrointestinal tract from the esophagus down to and including the duodenum, and the Lower Intestinal Tract includes the portion of the gastrointestinal tract from the jejunum down to and including the rectum and anus.” In accordance with this guideline, the exchange of a feeding device in the stomach is coded using the body part Upper Intestinal Tract in the root operation Change table (0D20XUZ).

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