

# ICD-10-CM Updates for Fiscal Year 2020

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Coding professionals will be relieved to find fewer changes in the fiscal year (FY) 2020 ICD-10-CM code changes, effective October 1, 2019, than the last several years. The trend in decreasing changes for annual updates signifies stabilization after the initial period immediately following the implementation of ICD-10-CM/PCS, with a shift back toward more “normal” volumes. Though the list is not as expansive, there are some key updates that will provide more specificity of ICD-10-CM coding and reporting. There are 273 additions, 21 deletions, and 30 revisions. The ICD-10-CM Official Guidelines for Coding and Reporting will also have a few updates to incorporate guidance on the code additions as well as updates to existing guidelines for clarity and specificity. This article will review the most notable new codes, highlight other additions, and outline the handful of guideline updates; this article should not be considered a comprehensive review. The full set of changes, including the guidelines, can be found on the Centers for Disease Control and Prevention website under the 2020 release of ICD-10-CM.

## Most Notable New Codes

The atrial fibrillation ICD-10-CM codes were expanded to add specificity in reporting the type of atrial fibrillation. Excludes1 notes are also incorporated to appropriately guide coding professionals in selecting the correct ICD-10-CM code for the documented type of atrial fibrillation. Persistent atrial fibrillation (I48.1) is being expanded with new codes for both “longstanding persistent” (I48.11) and “other persistent atrial fibrillation” (I48.19). Chronic atrial fibrillation (I48.2) is being expanded to create a new unique code for permanent atrial fibrillation (I48.21), which was an inclusion term in the FY 2019 version.

There are several changes under Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified (I80-I89). Several sections are expanded with additional inclusion terms to further specify anatomic locations that are included in the section or code. In addition, 24 new codes offer the anatomic sites of peroneal vein and calf muscular vein further specified by laterality.

For example:

- I80.241, Phlebitis and thrombophlebitis of right peroneal vein
- I80.242, Phlebitis and thrombophlebitis of left peroneal vein
- I80.243, Phlebitis and thrombophlebitis of peroneal vein, bilateral
- I80.249, Phlebitis and thrombophlebitis of unspecified peroneal vein
- I82.461, Acute embolism and thrombosis of right calf muscular vein
- I82.462, Acute embolism and thrombosis of left calf muscular vein
- I82.463, Acute embolism and thrombosis of calf muscular vein, bilateral
- I82.469, Acute embolism and thrombosis of unspecified calf muscular vein
- I82.561, Chronic embolism and thrombosis of right calf muscular vein
- I82.562, Chronic embolism and thrombosis of left calf muscular vein
- I82.563, Chronic embolism and thrombosis of calf muscular vein, bilateral
- I82.569, Chronic embolism and thrombosis of unspecified calf muscular vein

Pressure ulcers (L89-) have 25 new codes for reporting pressure-induced deep tissue pressure injury (DTPI). These new codes specify the anatomic site (including laterality) and are reported for pressure-induced ulcers and/or injuries that are beyond stage 4 though not unstageable. In the FY 2019 version of ICD-10-CM, these DTPI were coded as unstageable, which limited the ability to track and report these cases more specifically. The new codes for the elbow are:

- L89.006, Pressure-induced deep tissue damage of unspecified elbow
- L89.016, Pressure-induced deep tissue damage of right elbow

- L89.026, Pressure-induced deep tissue damage of left elbow

Congenital deformities of the feet, in category Q66, are being expanded adding an additional 24 codes for laterality to the existing subclassification. For example, Q66.01, Congenital talipes equinovarus, right foot would now be used instead of the default diagnosis code of Q66.0.

Ehlers-Danlos syndrome now has codes for classical (Q79.61), hypermobile (Q79.62), vascular (Q79.63), other (Q79.69), and unspecified (Q79.60). In the FY 2019 version of ICD-10-CM, Ehlers-Danlos syndrome was a single code of Q79.6.

Orbital fractures have more codes to report the specific location of the orbital fracture. The section has been expanded by adding 60 new codes for reporting fractures of the orbital roof, medial orbital wall, and lateral orbital wall in addition to unspecified fracture of the orbit. The sixth character will represent laterality and seventh character will represent the encounter and fracture type/status. A patient with a left side medial orbital wall fracture returning for a subsequent encounter due to delayed healing will now be captured with the ICD-10-CM code S02.832G.

Poisoning, adverse effects, and underdosing of multiple unspecified drugs has a new set of codes for reporting situations when the documentation demonstrates multiple drugs, medicaments, and/or biological substances as the cause of poisoning, adverse effects, or underdosing, but the specific type or name of the drug, medicament, or biological substance is not available or documented. The new code range is T50.911- through T50.916- with seventh characters of A, D, or S assigned based on the documentation.

External cause codes have been added for reporting injuries sustained as a result of an encounter with law enforcement or during any encounter with legal intervention. There are 75 new codes outlined by the type of weapon, person injured, and encounter under category Y35-.

## Smaller Volume New Codes To Note

Adenosine deaminase deficiency (ADA) (D81.3) was expanded to provide further specificity of the types as either unspecified (D81.30), severe (D81.31), type 2 (D81.32), or type 1/other (D81.39).

Heatstroke and sunstroke (T67.0) has been expanded to provide additional codes for exertional and other heatstroke or sunstroke. This subcategory requires a seventh character for reporting the encounter as initial (A), subsequent (D), or sequelae (S).

Personal history of in-situ neoplasm (subcategory Z86.00) was expanded and additional codes added for more anatomic sites such as genital organs (Z86.002); oral cavity, esophagus and stomach (Z86.003); and digestive organs (Z86.004).

## Updates to Official Guidelines for Coding and Reporting

A new guideline has been added to provide guidance on correct coding for iatrogenic injuries. Chapter 19 injury codes should not be assigned when the injury occurs as a result of a medical intervention. Coders should use the appropriate complication code to report these injuries. Further clarification is also provided with new verbiage under the complications guidelines (I.C.19.g.5) that directs the use of body system chapter complication codes for intraoperative or postprocedural complications unless the alphabetic index specifically indexes the complication to a T code in chapter 19.

Coding for physeal fractures is clarified in a new guideline (I.C.19.c.3). Only a single code for the type of physeal fracture is assigned and a separate code would NOT be added to identify the bone that is fractured.

A key statement for Z68 was added for reporting body mass index (BMI) under guideline I.C.21.c.3. The new guideline states that “BMI codes should only be assigned when there is an associated, reportable diagnosis (such as obesity). Do not assign BMI codes during pregnancy.” This supports the recent guidance published in Coding Clinic in the fourth quarter 2018 issue on pages 78-79 that BMI should only be captured when there is an associated, reportable diagnosis.

In Section II, Selection of Principal Diagnosis and Section III, Reporting Additional Diagnoses, “compatible with” and “consistent with” have been added to the Uncertain Diagnosis guidelines as uncertain terms. These terms were also added to

## Section IV, Diagnostic Coding and Reporting Guidelines for Outpatient Services.

The expansion of subcategories and subclassifications to provide further specificity continues to support the expanded use of healthcare data across the continuum of care. Coders are encouraged to download and review the complete addenda for the full set of changes to the alphabetic and tabular indices as well as the FY 2020 ICD-10-CM Official Guidelines for Coding and Reporting.

### References

Centers for Disease Control and Prevention. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). <https://www.cdc.gov/nchs/icd/icd10cm.htm>.

National Pressure Ulcer Advisory Panel. "ICD 10 Codes to Now Include Deep Tissue Pressure Injury." News release, July 25, 2019. <https://npuap.org/news/462845/ICD-10-Codes-to-Now-Include-Deep-Tissue-Pressure-Injury.htm>.

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