FY 2018 Updates Part 1: ICD-10-CM Codes and Official Guidelines for Coding and Reporting

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Housekeeping Items

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Objectives

• Learn about:
  – FY 2018 ICD-10-CM Guideline changes
  – Highlights of key code changes, such as:
    – Types of acute myocardial infarction
    – Substance-related disorders in remission
    – Pulmonary hypertension
    – Non-pressure chronic ulcers
    – Pediatric Glasgow scale
    – Newborn observation

Summary of ICD-10-CM Code Changes

• New codes: 360
• Revised codes: 226
• Deleted codes: 141
Format of Guideline Changes

• Narrative changes appear in bold text (e.g. severe sepsis)
• Items underlined have been moved within the guidelines since October 1, 2017 (e.g. severe sepsis)
• Italics are used to indicate revisions to heading changes (e.g. Severe sepsis)
• Deletions are not shown on final document
  - Shown in Coding Clinic Fourth Quarter summary as strikeouts (e.g. severe sepsis)
• The complete guidelines may be downloaded by visiting http://www.cdc.gov/nchs/icd/icd10cm.htm

Clostridium Difficile Enterocolitis

• New codes
  - A04.71 Enterocolitis due to Clostridium difficile, recurrent
  - A04.72 Enterocolitis due to Clostridium difficile, not specified as recurrent
• Code selection for recurrence based on provider documentation.
Mastocytosis and Certain Other Mast Cells Disorders

• New codes
  – C96.20 Malignant mast cell neoplasm, unspecified
  – C96.21 Aggressive systemic mastocytosis
  – C96.22 Cell sarcoma
  – C96.29 Other malignant mast cell neoplasm

Mastocytosis and Certain Other Mast Cells Disorders (cont.)

• New codes
  – D47.01 Cutaneous mastocytosis
  – D47.02 Systemic mastocytosis
  – D47.09 Other mast cell neoplasms of uncertain behavior

• Revised codes
  – Q82.2 Congenital cutaneous mastocytosis
Type 2 Diabetic Ketoacidosis

• New codes
  - **E11.10** Type 2 diabetes mellitus with ketoacidosis without coma
  - **E11.11** Type 2 diabetes mellitus with ketoacidosis with coma

Amyloidosis

• New codes
  - **E85.81** Light chain (AL) amyloidosis
  - **E85.82** Wild-type transthyretin-related (ATTR) amyloidosis
  - **E85.89** Other amyloidosis

• Amyloidosis involves deposits of proteins that have become misfolded, going from a normal soluble state to an insoluble structure.

• Localized vs. systemic
Substance Related Disorders, In Remission

• New codes to identify “in remission” for abuse of:
  - Alcohol (F10.11)
  - Opioid (F11.11)
  - Cannabis (F12.11)
  - Sedative, hypnotic or anxiolytic (F13.11)
  - Cocaine (F14.11)
  - Other stimulant (F15.11)
  - Hallucinogen (F16.11)
  - Inhalant (F18.11)
  - Other psychoactive substance (F19.11)

Substance Related Disorders, In Remission (cont.)

• New inclusion terms for existing codes for substance dependence in remission
  - Use disorder, moderate, in early remission
  - Use disorder, moderate, in sustained remission
  - Use disorder, severe, in early remission, and
  - Use disorder, severe, in sustained remission

• Inclusion terms added to harmonize with DSM-5
Mental and Behavioral Disorders Due To Psychoactive Substance Use - In Remission

- Selection of codes for “in remission” for categories F10-F19, Mental and behavioral disorders due to psychoactive substance use (categories F10-F19 with -11, -21) requires the provider’s clinical judgment. The appropriate codes for “in remission” are assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting), unless otherwise instructed by the classification.

- New: Mild substance use disorders in early or sustained remission are classified to the appropriate codes for substance abuse in remission, and moderate or severe substance use disorders in early or sustained remission are classified to the appropriate codes for substance dependence in remission. . . .

Mental and Behavioral Disorders Due To Psychoactive Substance Use - Psychoactive Substance Use Disorders

- As with all other diagnoses, the codes for psychoactive substance use disorders (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses). The codes are to be used only when the psychoactive substance use is associated with a physical, mental or behavioral disorder, and such a relationship is documented by the provider. . . .
Avoidant/Restrictive Food Intake Disorder

• New code
  – F50.82  Avoidant/restrictive food intake disorder
• Eating disorder that results in a persistent failure to meet appropriate nutritional and/or energy needs through an individual’s diet.

Motor Neuron Disease

• New codes
  – G12.23  Primary lateral sclerosis
  – G12.24  Familial motor neuron disease
  – G12.25  Progressive spinal muscle atrophy
Degenerative Myopia

• Expansion of code H44.2, Degenerative myopia, with
  – Coroidal neovascularization (H44.2A-)
  – Macular hole (H44.2B-)
  – Retinal detachment (H44.2C-)
  – Foveoschisis (H44.2D-) and
  – Other maculopathy (H44.2E-)
• 7th character specifies affected eye

Blindness and Low Vision

• New codes describe combined level of vision impairment with usable vision related to each eye.
  – H54.0- Blindness, both eyes
  – H54.11- Blindness right eye, low vision left eye
  – H54.12- Blindness left eye, low vision right eye
  – H54.2- Low vision, both eyes
  – H54.41- Blindness right eye, normal vision left eye
  – H54.42- Blindness left eye, normal vision right eye
  – H54.51- Low vision, right eye, normal vision left eye
  – H54.52- Low vision left eye, normal vision right eye
New Guideline: Blindness

• If “blindness” or “low vision” of both eyes is documented but the visual impairment category is not documented, assign code H54.3, Unqualified visual loss, both eyes.
• If “blindness” or “low vision” in one eye is documented but the visual impairment category is not documented, assign a code from H54.6-, Unqualified visual loss, one eye.
• If “blindness” or “visual loss” is documented without any information about whether one or both eyes are affected, assign code H54.7, Unspecified visual loss.

Types of Acute Myocardial Infarction

• Type 1: Spontaneous myocardial infarction due to a primary coronary event like plaque rupture.
• Type 2: Myocardial infarction secondary to an ischemic imbalance as in coronary vasospasm, anemia or hypotension.
• Type 3: Myocardial infarction resulting in death when biomarker values are unavailable
Types of Acute Myocardial Infarction (cont.)

• Type 4a: Myocardial infarction related to percutaneous coronary intervention (PCI)
• Type 4b: Myocardial infarction related to stent thrombosis
• Type 4c: Myocardial infarction due to restenosis ≥50% after an initially successful PCI
• Type 5: Myocardial infarction related to coronary artery bypass grafting (CABG)

Types of Acute Myocardial Infarction (cont.)

• Use codes I21.0- to I21.4- and I21.9, for type 1 AMI
• New codes
  – I21.9    Acute myocardial infarction, unspecified
  – I21.A9   Other myocardial infarction type
    – Includes types 3, 4a, 4b, 4c, 5
• Subsequent AMI type 2, 4 or 5 is coded by type—not category I22
  – Use category I22, Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction, only for type 1 AMI or unspecified
Guideline Revisions – Acute Myocardial Infarctions – STEMI and NSTEMI

- The ICD-10-CM codes for type 1 acute myocardial infarction (AMI) identify the site, such as anterolateral wall or true posterior wall. Subcategories I21.0-I21.2 and code I21.3 are used for type 1 ST elevation myocardial infarction (STEMI). Code I21.4, Non-ST elevation (NSTEMI) myocardial infarction, is used for type 1 non ST elevation myocardial infarction (NSTEMI) and nontransmural MIs.
- If a type 1 NSTEMI evolves to STEMI, assign the STEMI code. If a type 1 STEMI converts to NSTEMI due to thrombolytic therapy, it is still coded as STEMI.

Guideline Revision: AMI, Unspecified

- Code I21.3, ST elevation (STEMI) myocardial infarction of unspecified site, I21.9, Acute myocardial infarction, unspecified, is the default for unspecified acute myocardial infarction or unspecified type.
- If only type 1 STEMI or transmural MI without the site is documented, assign code I21.3, ST elevation (STEMI) myocardial infarction of unspecified site.
Guideline Revision: Subsequent Acute Myocardial Infarction

- A code from category I22, Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction, is to be used when a patient who has suffered a type 1 or unspecified AMI has a new AMI within the 4 week time frame of the initial AMI. A code from category I22 must be used in conjunction with a code from category I21. The sequencing of the I22 and I21 codes depends on the circumstances of the encounter.

- Do not assign code I22 for subsequent myocardial infarctions other than type 1 or unspecified. For subsequent type 2 AMI assign only code I21.A1. For subsequent type 4 or type 5 AMI, assign only code I21.A9.

New Guideline: Other Types of Myocardial Infarction

- The ICD-10-CM provides codes for different types of myocardial infarction. Type 1 myocardial infarctions are assigned to codes I21.0-I21.4.

- Type 2 myocardial infarction, and myocardial infarction due to demand ischemia or secondary to ischemic balance, is assigned to code I21.A1. Myocardial infarction type 2 with a code for the underlying cause.
New Guideline: Other Types of Myocardial Infarction (cont.)

• Do not assign code I24.8, Other forms of acute ischemic heart disease for the demand ischemia.

• Sequencing of type 2 AMI or the underlying cause is dependent on the circumstances of admission. When a type 2 AMI code is described as NSTEMI or STEMI, only assign code I21.A1. Codes I21.01-I21.4 should only be assigned for type 1 AMIs.

• Acute myocardial infarctions type 3, 4a, 4b, 4c and 5 are assigned to code I21.A9, Other myocardial infarction type.

• The "Code also" and "Code first" notes should be followed related to complications, and for coding of postprocedural myocardial infarctions during or following cardiac surgery.
Pulmonary Hypertension

- Expansion of I27.2, Other secondary pulmonary hypertension, to differentiate types
  - I27.0  Pulmonary hypertension, unspecified
  - I27.21 Secondary pulmonary arterial hypertension
  - I27.22 Pulmonary hypertension due to left heart disease
  - I27.23 Pulmonary hypertension due to lung diseases and hypoxia

Pulmonary Hypertension (cont.)

- I27.24  Chronic thromboembolic pulmonary hypertension
- I27.9  Other secondary pulmonary hypertension

- Code also other associated disorders, if known
New Guideline: Pulmonary Hypertension

- Pulmonary hypertension is classified to category I27, Other pulmonary heart diseases.
- For secondary pulmonary hypertension (I27.1, I27.2-), code also any associated conditions or adverse effects of drugs or toxins. The sequencing is based on the reason for the encounter.

Other Heart Failure

- New codes
  - I50.810 Right heart failure, unspecified
  - I50.811 Acute right heart failure
  - I50.812 Chronic right heart failure
  - I50.813 Acute on chronic right heart failure
  - I50.814 Right heart failure due to left heart failure
  - I50.82 Biventricular heart failure
  - I50.83 High output heart failure
  - I50.84 End stage heart failure
Gingival Recession

• Expansion of code K06.0, Gingival recession
  - New codes
    - Localized K06.01-
      - Unspecified
      - Minimal
      - Moderate
      - Severe
    - Generalized K06.02-
      - Unspecified
      - Minimal
      - Moderate
      - Severe

Intestinal Obstruction

• New codes at subcategories K56.5- Intestinal adhesions [bands] with obstruction, K56.6, Other and unspecified intestinal obstruction, and K91.3, Postprocedural intestinal obstruction
• Identify severity of obstruction
  - Partial - K56.51, K56.600, K56.690, K91.31
  - Complete - K56.52, K56.601, K56.691, K91.32
  - Unspecified - K56.50, K56.609, K56.699, K91.30
Non-Pressure Chronic Ulcer

• New codes at category L97, Non-pressure chronic ulcer of lower limb, not classified elsewhere
  – Muscle involvement without evidence of necrosis
  – Bone involvement without evidence of necrosis
  – Other specified severity
• New codes at subcategory L98.4, Non-pressure chronic ulcer of buttock
  – Muscle involvement without evidence of necrosis
  – Bone involvement without evidence of necrosis
  – Other specified severity

New Guideline: Non-Pressure Chronic Ulcers Documented as Healed

• No code is assigned if the documentation states that the non-pressure ulcer is completely healed.
New Guideline: Patients Admitted With Non-pressure Ulcers Documented As Healing

• Non-pressure ulcers described as healing should be assigned the appropriate non-pressure ulcer code based on the documentation in the medical record. If the documentation does not provide information about the severity of the healing non-pressure ulcer, assign the appropriate code for unspecified severity.

• If the documentation is unclear as to whether the patient has a current (new) non-pressure ulcer or if the patient is being treated for a healing non-pressure ulcer, query the provider.

• For ulcers that were present on admission but healed at the time of discharge, assign the code for the site and severity of the non-pressure ulcer at the time of admission.
New Guideline: Non-pressure Ulcer That Progresses To Another Severity Level During The Admission

• If a patient is admitted to an inpatient hospital with a non-pressure ulcer at one severity level and it progresses to a higher severity level, two separate codes should be assigned: one code for the site and severity level of the ulcer on admission and a second code for the same ulcer site and the highest severity level reported during the stay.

Dermatomyositis

• New codes
  – M33.03 Juvenile dermatomyositis without myopathy
  – M33.13 Other dermatomyositis without myopathy
  – M33.93 Unspecified dermatopolymyositis without myopathy

• Revised titles replace the term "dermatopolymyositis" with dermatomyositis" at subcategories M33.0 and M33.1.
Lumbar Spinal Stenosis

• New codes
  – M48.061 Spinal stenosis, lumbar region without neurogenic claudication
  – M48.062 Spinal stenosis, lumbar region with neurogenic claudication

Lump in Breast

• Expansion of code N63, Unspecified lump in breast
  – Right, left, unspecified
    – Quadrant (upper outer, upper inner, lower outer, lower inner, and unspecified
  – Axillary tail
  – Subareolar
Tubal and Ovarian Pregnancy

- Expansion of O00.1 Tubal pregnancy, and O00.2, Ovarian pregnancy
  - Right
  - Left
  - Unspecified

Maternal Care for Abnormalities of Fetal Heart Rate or Rhythm

- New codes
  - O36.83- Maternal care for abnormalities of the fetal heart rate or rhythm
    - First trimester
    - Second trimester
    - Third trimester
    - Unspecified trimester

- Abnormalities include fetal tachycardia, fetal bradycardia, decelerations of the fetal heart rate, and loss of variability
Pulmonary Hypertension of Newborn and Other Persistent Fetal Circulation

- Expansion of P29.3, Persistent fetal circulation
- New codes
  - **P29.30** Pulmonary hypertension of newborn
    - Includes persistent pulmonary hypertension
  - **P29.38** Other persistent fetal circulation
    - Includes delayed closure of ductus arteriosus

Gestational Alloimmune Liver Disease

- New code
  - **P78.84** Gestational alloimmune liver disease
    - Includes GALD, neonatal hemochromatosis
- Can present as severe hepatic injury/failure of the fetus and newborn.
- Onset during fetal development.
Umbilical Granuloma in the Perinatal Period

• New codes
  - P83.81 Umbilical granuloma
  - P83.88 Other specified conditions of integument specific to newborn
    - Bronze baby syndrome
    - Neonatal scleroderma
    - Urticaria neonatorum

Neonatal Encephalopathy

• New codes
  - P91.811 Neonatal encephalopathy in diseases classified elsewhere
    - Code first underlying condition, if known
  - P91.819 Neonatal encephalopathy, unspecified
Pediatric Cryptorchidism

- Expansion of category Q53, undescended and ectopic testicle, to specify location
  - Intraabdominal – Q53.111, Q53.211
  - Inguinal – Q53.112, Q53.212
  - High scrotal - Q53.23
- New codes for non-palpable testicle
  - Unilateral - R39.83
  - Bilateral - R39.84

Acute Respiratory Distress

- New code
  - **R06.03**  Acute respiratory distress
- Difficulty breathing that may be due to conditions such as asthma, aspiration, trauma, heart disease, pneumonia
- Distinguish from acute respiratory distress syndrome (J80)
Pediatric Glasgow Scale

- New inclusion terms added at subcategories
  - R40.22, Coma scale, best verbal response, and
  - R40.23 Coma scale, best motor response
- Age appropriate descriptions for children
  - 2-5 years of age
  - < 2 years of age
- No changes made for subcategory R40.21, Coma scale, eyes open.

Intracranial Injury

- New note at category S06:
  - 7th characters D and S do not apply to codes in category S06 with 6th character 7 - death due to brain injury prior to regaining consciousness, or 8 - death due to other cause prior to regaining consciousness.
Unspecified Injuries

• Code T07, Unspecified multiple injuries
  • New 7th characters
    • A – initial encounter
    • D – subsequent encounter
    • S – sequela

• Category T14, Injury of unspecified body regions
  • New 7th characters
    • A – initial encounter
    • D – subsequent encounter
    • S – sequela

All-Terrain Vehicles, Dirt Bike and Motor/Cross Bike

• Expansion of category V86, Occupant of special all-terrain or other off-road motor vehicle, injured in transport accident
  • 3- or 4- wheeled all-terrain vehicle ATV
  • Dirt bike or motor/cross bike
Observation Z Codes

• Category Z03, Encounter for medical observation for suspected diseases and conditions ruled out,
  – Excludes1 note changes
    – Delete: Newborn observation for suspected condition, ruled out (P00-P04)
    – Add: Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out (Z05.0-).

Observation Z Codes (cont.)

• Category Z05, Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out
  – This category is to be used for newborns, within the neonatal period (the first 28 days of life), who are suspected of having an abnormal condition unrelated to exposure from the mother or the birth process, but without signs or symptoms, and which, after examination and observation, is ruled out.
  – Excludes2: Newborn observation for suspected condition, related to exposure from the mother or birth process (P00-P04)
Counseling Z Codes

- New codes
  - Z71.82 Exercise counseling
  - Z71.83 Encounter for nonprocreative genetic counseling

New Codes Category Z36, Encounter for Antenatal Screening of Mother

- Chromosomal anomalies (Z36.0)
- Raised alphafetoprotein level (Z36.1)
- Other antenatal screening follow up (Z36.2)
- Malformation (Z36.3)
- Fetal growth retardation (Z36.4)
- Isoimmunization (Z36.5)
- Hydrops fetalis (Z36.81)
- Nuchal translucency (Z36.82)
- Congenital cardiac abnormalities (Z36.83)
- Fetal lung maturity (Z36.84)
- Streptococcus B (Z36.85)
- Cervical length (Z36.86)
- Uncertain dates (Z36.87)
- Fetal macrosomia (Z36.88)
- Other specified antenatal screening (Z36.89)
- Other genetic defects (Z36.8A)
- Unspecified (Z36.9)
Miscellaneous Z Codes

• New codes
  - Z40.03  Encounter for prophylactic removal of fallopian tube(s)
  - Z91.841  Risk for dental caries, low
  - Z91.842  Risk for dental caries, moderate
  - Z91.843  Risk for dental caries, high
  - Z91.849  Unspecified risk for dental caries

Other ICD-10-CM Guideline Changes
“With”

• The word “with” or “in” should be interpreted to mean “associated with” or “due to” when it appears in a code title, the Alphabetic Index, or an instructional note in the Tabular List. . . .

• The classification presumes a causal relationship . . .
  – unless the documentation clearly states the conditions are unrelated or when another guideline exists that specifically requires a documented linkage between two conditions (e.g., sepsis guideline for “acute organ dysfunction that is not clearly associated with the sepsis”).

“With” (cont.)

• For conditions not specifically linked by these relational terms in the classification or when a guideline requires that a linkage between two conditions be explicitly documented, provider documentation must link the conditions in order to code them as related. . . .
“Code Also” Note

• A “code also” note instructs that two codes may be required to fully describe a condition, but this note does not provide sequencing direction. The sequencing depends on the circumstances of the encounter.

Multiple Coding For A Single Condition

• The sequencing rule is the same as the etiology/manifestation pair, “use additional code” indicates that a secondary code should be added, if known.

• When there is a “code first” note and an underlying condition is present, the underlying condition should be sequenced first, if known.
Malignant Neoplasm of Ectopic Tissue

• Malignant neoplasms of ectopic tissue are to be coded to the site of origin mentioned, e.g., ectopic pancreatic malignant neoplasms involving the stomach are coded to malignant neoplasm of pancreas, unspecified (C25.9). . . .

Treatment Directed at the Malignancy

• If the treatment is directed at the malignancy, designate the malignancy as the principal diagnosis.
  - The only exception to this guideline is if a patient admission/encounter is solely for the administration of chemotherapy, immunotherapy or external beam radiation therapy, assign the appropriate Z51.-- code as the first-listed or principal diagnosis, and the diagnosis or problem for which the service is being performed as a secondary diagnosis. . . .
Brachytherapy

• Clarified use of code Z51.0, Encounter for antineoplastic radiation therapy, for external beam radiation therapy.

• New: If a patient admission/encounter is for the insertion or implantation of radioactive elements (e.g., brachytherapy) the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis. Code Z51.0 should not be assigned.

Brachytherapy

• New: When a patient is admitted for the purpose of insertion or implantation of radioactive elements (e.g., brachytherapy) and develops complications such as uncontrolled nausea and vomiting or dehydration, the principal or first-listed diagnosis is the appropriate code for the malignancy followed by any codes for the complications. . .
Diabetes Mellitus and Secondary Diabetes Mellitus

• New: An additional code should be assigned from category Z79 to identify the long-term (current) use of insulin or oral hypoglycemic drugs. If the patient is treated with both oral medications and insulin, only the code for long-term (current) use of insulin should be assigned.

• Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 or secondary diabetic patient’s blood sugar under control during an encounter.

Pressure Ulcer Stage Codes

• 6) Patient admitted with pressure ulcer evolving into another stage during the admission

• If a patient is admitted to an inpatient hospital with a pressure ulcer at one stage and it progresses to a higher stage, two separate codes should be assigned: one code for the site and stage of the ulcer on admission and a second code for the same ulcer site and the highest stage reported during the stay.
Coding of Pathologic Fractures

• 7th character D is to be used for encounters after the patient has completed active treatment for the fracture and is receiving routine care for the fracture during the healing or recovery phase.

• The other 7th characters, listed under each subcategory in the Tabular List, are to be used for subsequent encounters for routine care of fractures during the healing and recovery phase as well as treatment of problems associated with the healing, such as malunions, nonunions, and sequelae.

Retained Products of Conception Following An Abortion

• Subsequent encounters for retained products of conception following a spontaneous abortion or elective termination of pregnancy, without complications are assigned the appropriate code from category O03, Spontaneous abortion O03.4, Incomplete spontaneous, abortion without complication, or codes O07.4, Failed attempted termination of pregnancy without complication. and Z33.2, Encounter for elective termination of pregnancy.
Retained Products of Conception Following An Abortion (cont.)

• This advice is appropriate even when the patient was discharged previously with a discharge diagnosis of complete abortion.

• If the patient has a specific complication associated with the spontaneous abortion or elective termination of pregnancy in addition to retained products of conception, assign the appropriate complication in category O03 or O07 instead of code O03.4 or O07.4.

Complications Leading To Abortion

• Codes from Chapter 15 may be used as additional codes to identify any documented complications of the pregnancy in conjunction with codes in categories in O04, O07 and O08.
Functional Quadriplegia

- Guideline has been deleted.
- Functional quadriplegia (code R53.2) is the lack of ability to use one’s limbs or to ambulate due to extreme debility. It is not associated with neurologic deficit or injury, and code R53.2 should not be used for cases of neurologic quadriplegia. It should only be assigned if functional quadriplegia is specifically documented in the medical record.
- Guidelines typically do not include clinical definitions.

Z Codes: History of)

The history Z code categories are: . . .

Z91.8 Other specified personal risk factors, not elsewhere classified

__________Exception:

__________Z91.83, Wandering in diseases classified elsewhere

Z91.81 History of falling
Z91.82 Personal history of military deployment
Z Codes: Counseling

• Counseling Z codes are used when a patient or family member receives assistance in the aftermath of an illness or injury, or when support is required in coping with family or social problems. They are not used in conjunction with a diagnosis code when the counseling component of care is considered integral to standard treatment.

The counseling Z codes/categories: . . .

Z31.5 Encounter for procreative genetic counseling

Z Codes: Encounters for Obstetrical and Reproductive Services

• Correction of typo
  – elective termination of pregnancy (code Z33.32 Z33.2),
Other Z Code Guideline Changes

• Miscellaneous Z codes . . .  
  – Z91.84 Oral health risk factors
• Z Codes That May Only be Principal/First-Listed Diagnosis 
  – Z40 Encounter for prophylactic surgery

Admissions/Encounters for Rehabilitation

• If the condition for which the rehabilitation service is being provided is no longer present, report the appropriate aftercare code as the first-listed or principal diagnosis, unless the rehabilitation service is being provided following an injury.

• For rehabilitation services following active treatment of an injury, assign the injury code with the appropriate seventh character for subsequent encounter as the first-listed or principal diagnosis.
Admissions/Encounters for Rehabilitation (cont.)

- For example, if a patient with severe degenerative osteoarthritis of the hip, underwent hip replacement and the current encounter/admission is for rehabilitation, report code Z47.1, Aftercare following joint replacement surgery, as the first-listed or principal diagnosis.

- If the patient requires rehabilitation post hip replacement for right intertrochanteric femur fracture, report code S72.141D, Displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing, as the first-listed or principal diagnosis.

Encounters For General Medical Examinations With Abnormal Findings

- The subcategories for encounters for general medical examinations, Z00.0- and encounter for routine child health examination, Z00.12-, provide codes for with and without abnormal findings.
Introduction to POA Exempt List

• The conditions codes and categories on this exempt list represent categories and/or codes are for circumstances regarding the healthcare encounter or factors influencing health status that do not represent a current disease or injury or that describe conditions that are always present on admission.

Audience Questions
Additional Questions

• Review upcoming 4th Quarter Coding Clinic issue for more details and examples

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Retain this verification in your personal file for audit purposes.

Thank you for your interest and participation.

Chabre Ross
Program Chairperson
American Hospital Association
FY 2018 Updates Part 1: ICD-10-CM Codes and Official Guidelines for Coding and Reporting (Live or On-Demand)

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She has represented the AHA on other national groups such as the CPT-5 Project Advisory Group, Medicare Technical Advisory Group Outpatient Workgroup, ICD-10-PCS Technical Advisory Group, Panel to Evaluate the U.S. Standard Certificates, HEDIS Coding Users Panel, and ICD-10 Coordination and Maintenance Committee. She was co-chair of the Workgroup for Electronic Data Interchange (WEDI) ICD-10 Implementation Workgroup. She also serves as staff to the AHA representative to the CPT Editorial Panel.

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She has over 30 years experience in the health information management field including consulting, teaching, technical and management experience in hospital medical record departments. She is a Past President of the Chicago Area Health Information Management Association and a recipient of the Professional Achievement Award from the Illinois Health Information Management Association.

She has lectured extensively on coding, DRG and data quality issues throughout the United States and internationally. She has also testified on behalf of the American Hospital Association at numerous National Committee on Vital and Health Statistics hearings on ICD-10-CM and ICD-10-PCS.

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