

# compliance

## ICD-10-CM Updates!

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Effective Oct. 1, 2016, the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) will add or update approximately 1,943 diagnosis codes in the ICD-10-CM coding classification. This large number of new codes is due to the partial freeze on updates prior to the Oct. 1, 2015, implementation of the code set. While cancer programs and oncologists will probably not use all of the new codes, here are the key revisions, updates, and new codes that will potentially impact oncology claims. There are also updates to the 2017 ICD-10-CM Official Guidelines for Coding and Reporting that impact medical record documentation, code selection, and sequencing. Adherence to the Guidelines when assigning ICD-10-CM diagnosis codes is required under HIPAA in all healthcare settings.

### Guideline Updates

While there are many changes to the Official Guidelines, the following are key updates that will impact oncology providers, practices, and hospitals:

- Section 1.A.12.a: An exception to the Excludes1 definition is the circumstance when the two conditions are unrelated to each other. If it is not clear whether the two conditions involving an Excludes1 note are related, query the provider.
- Section 1.A.15: The word “with” 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 between

the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related, even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated. For conditions not specifically linked by these relational terms in the classification, provider documentation must link the conditions in order to code them as related.

- Section 1.A.19: The assignment of a diagnosis code is based on the provider’s diagnostic statement that the condition exists. The provider’s statement that the patient has a particular condition is sufficient. Code assignment is not based on clinical criteria used by the provider to establish the diagnosis.
- Section 1.B.13: When a patient has a bilateral condition and each side is treated during separate encounters, assign the “bilateral” code (as the condition still exists on both sides), including for the encounter to treat the first side. For the second encounter for treatment after one side has previously been treated and the condition no longer exists on that side, assign the appropriate unilateral code for the side where the condition still exists (e.g., cataract surgery performed on each eye in separate encounters). The bilateral code would not be assigned for the subsequent encounter, as the patient no longer has the condition in the previously treated site. If the treatment on the first side did not completely resolve the

condition, then the bilateral code would still be appropriate.

- Section 1.C.1.f.1: Code only a confirmed diagnosis of Zika virus (**A92.5**, Zika virus disease) as documented by the provider. This is an exception to the hospital inpatient guideline Section II.H. In this context, “confirmation” does not require documentation of the type of test performed; the physician’s diagnostic statement that the condition is confirmed is sufficient. If the provider documents “suspected,” “possible,” or “probable” Zika, do not assign code **A92.5**. Assign a code(s) explaining the reason for the encounter (such as fever, rash, or joint pain) or **Z20.828**, Contact with and (suspected) exposure to other viral communicable diseases.
- Section 1.C.19.3.5.b: If the intent of the poisoning is unknown or unspecified, code the intent as accidental intent. The undetermined intent is only for use if the documentation in the record specifies that the intent cannot be determined.

### Neoplasm Code Updates

Notes throughout Chapter 2 of the ICD-10-CM manual to report an additional code for “history of tobacco use (**Z87.891**)” have now been changed to read “history of tobacco dependence (**Z87.891**),” which reflects the actual code description. This same verbiage change has been made across all chapters of ICD-10-CM.

A gastrointestinal stromal tumor (GIST) is an uncommon type of GI tract malignancy. GIST tumors are different from other types of malignancies because they start in

different cells, sometimes require different treatment, and may have a different prognosis. At the request of Novartis, a new subcategory **C49.A-** (*Gastrointestinal stromal tumor*) has been created, and the Neoplasm Table and Index have been updated accordingly:

- **C49:** Malignant neoplasm of other connective and soft tissue.
  - C49.A:** Gastrointestinal stromal tumor.
    - C49.A0:** Gastrointestinal stromal tumor, unspecified site.
    - C49.A1:** Gastrointestinal stromal tumor of esophagus.
    - C49.A2:** Gastrointestinal stromal tumor of stomach.
    - C49.A3:** Gastrointestinal stromal tumor of small intestine.
    - C49.A4:** Gastrointestinal stromal tumor of large intestine.
    - C49.A5:** Gastrointestinal stromal tumor of rectum.
    - C49.A9:** Gastrointestinal stromal tumor of other sites.

There is also an Excludes2 Note for GIST under the regular GI malignancy codes (**C15-C26**) in the Tabular List. Remember that ICD-10-CM has two types of Excludes Notes:

- An Excludes1 code should never be used along with the code above the Excludes1 note, unless the two conditions are unrelated.
- An Excludes2 condition is not part of the condition above the Excludes2 note, but a coder may assign an additional code (if applicable) for it in addition to a code for the condition that appears above the Excludes2 note.

There is a new note under the category code for pancreatic cancer (**C25**) and the specific code for secondary digestive malignancy (**C78.89**) to also report exocrine pancreatic insufficiency (new code **K86.81**). Exocrine pancreatic insufficiency is inadequate production of pancreatic digestive enzymes, such as amylase and lipase, and it may be associated with cancer, cystic fibrosis, pancreatitis, and other disorders:

- **C25:** Malignant neoplasm of pancreas  
Code also exocrine pancreatic insufficiency (**K86.81**).
- **C78.89:** Secondary malignant neoplasm of other digestive organs  
Code also exocrine pancreatic insufficiency (**K86.81**).

There is a new note under prostate cancer (code **C61**) to use additional codes for hormone sensitivity status (new codes **Z19.1-Z19.2**) and/or rising PSA following treatment (new code **R97.21**):

- **C61:** Malignant neoplasm of prostate.  
Use additional code to identify:  
Hormone sensitivity status (**Z19.1-Z19.2**).  
Rising PSA following treatment for malignant neoplasm of prostate (**R97.21**).

As indicated above, two new codes have been created to indicate whether a malignant neoplasm is sensitive to hormones:

- Hormone sensitivity malignancy status (**Z19**).  
Code first malignant neoplasm—see Table of Neoplasms, by site, malignant.

**Z19.1:** Hormone sensitive malignancy status.

**Z19.2:** Hormone resistant malignancy status.

Castrate resistant prostate malignancy status.

These codes were created at the request of the American Urology Association (AUA) to track hormone-resistant (castrate-resistant) prostate cancer, but they may be reported with any malignant neoplasm. A note in the Tabular List indicates the neoplasm should be coded first, so these Z-codes will never be the first-listed diagnosis code. Also at the request of the AUA, the code for elevated PSA has been replaced with two new codes:

- Abnormal tumor markers (**R97**).
  - R97:** Abnormal tumor markers.
  - R97.2:** Elevated prostate specific antigen [PSA].
  - R97.20:** Elevated prostate specific antigen [PSA].
  - R97.21:** Rising PSA following treatment for malignant neoplasm of prostate.

In category **C81** (Hodgkin lymphoma), the term “classical” has been deleted from all code definitions and added as an inclusion term for the category. For example, new code descriptors for Nodular Sclerosis are:

- **C81:** Hodgkin lymphoma.
  - C81.1:** Nodular sclerosis Hodgkin lymphoma.  
Nodular sclerosis classical.  
Hodgkin lymphoma.
  - C81.10:** Nodular sclerosis Hodgkin lymphoma,

unspecified site.

**C81.11:** Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck.

**C81.12:** Nodular sclerosis Hodgkin lymphoma, intra-thoracic lymph nodes.

**C81.13:** Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes.

**C81.14:** Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb.

**C81.15:** Nodular sclerosis Hodgkin lymphoma, lymph nodes inguinal region, lower limb.

**C81.16:** Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes.

**C81.17:** Nodular sclerosis Hodgkin lymphoma, spleen.

**C81.18:** Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites.

**C81.19:** Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites.

Code **D01.3** (Carcinoma in situ of anus and anal canal) has new inclusion terms for anal intraepithelial neoplasia (AIN) III and severe dysplasia of anus, as well as a new Excludes1 note for AIN I and II.

- **D01:** Carcinoma in situ of other and unspecified digestive organs.

**D01.3:** Carcinoma in situ of anus and anal cancer.

Anal intraepithelial neoplasia III [AIN III].

Severe dysplasia of anus.

Excludes1: anal intraepithelial neoplasia I and II [AIN I and AIN II] (K62.82).

There is a new Excludes1 note under **D07.5** (Carcinoma in situ of prostate) for prostatic intraepithelial neoplasia (PIN) II. ICD-10-CM code **N42.31** is also a new code, defined as Prostatic intraepithelial neoplasia, including PIN, PIN I, and PIN II.

- **D07:** Carcinoma in situ of other and unspecified genital organs.

**D07.5:** Carcinoma in situ of prostate.

Excludes1

Dysplasia (mild) (moderate) of prostate (**N42.3-**).

Prostatic intraepithelial neoplasia II [PIN II] (**N42.3-**).

There is a new code (**D47.Z2**) for Castleman disease, a type of lymphoproliferative disorder, with a Code Also note for herpesvirus 8 infection and an Excludes2 note for Kaposi's sarcoma:

- **D47:** Other neoplasms of uncertain behavior of lymphoid, hematopoietic, and related tissue.

**D47.Z:** Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic, and related tissue.

**D47.Z2:** Castleman disease.

Code also if applicable human herpesvirus 8 infection (**B10.89**).

Excludes2: Kaposi's sarcoma (**C46-**).

At the request of the AUA, subcategory **D49.5** (Neoplasm of unspecified behavior of other genitourinary organs) has been expanded to include specific codes for the kidneys and other genitourinary organs:

- **D49:** Neoplasms of unspecified behavior.
  - D49.5:** Neoplasm of unspecified behavior of other genitourinary organs.
    - D49.51:** Neoplasm of unspecified behavior of kidney.
      - D49.511:** Neoplasm of unspecified behavior of right kidney.
      - D49.512:** Neoplasm of unspecified behavior of left kidney.
      - D49.519:** Neoplasm of unspecified behavior of unspecified kidney.
    - D49.59:** Neoplasm of unspecified behavior of other genitourinary organ.

### Endocrine Code Updates

Subcategory **Z79.8** reports other long-term drug therapy. The following new code reports the use of oral hypoglycemic or oral antidiabetic drugs:

- **Z79:** Long term (current) drug therapy.
  - Z79.8:** Other long term (current) drug therapy.
    - Z79.84:** Long term (current) use of oral hypoglycemic drugs.

Long term (current) use of oral antidiabetic drugs.

Excludes2: long term (current) use of insulin (**Z79.4**).

There is a new note under the code for volume depletion to use additional code for electrolyte or acid-base disorders.

- **E86:** Volume depletion.
  - Use additional code(s) for any associated disorders of electrolyte and acid-base balance (**E87-**).

The codes in category **E87** include conditions such as hyperosmolality, hypernatremia, hypo-osmolality, hyponatremia, acidosis, alkalosis, hyperkalemia, hypokalemia, fluid overload, transfusion-related circulatory overload (TACO), hyperchloremia, hypochloremia, and other fluid overload.

### Mental & Behavioral Code Updates

The DSM diagnosis "alcohol use disorder" (AUD) has been added to the inclusion terms in category **F10**. The notes indicate to code mild AUD as alcohol abuse and moderate or severe AUD as alcohol dependence. The same change has been made for drug abuse and dependence; for example, mild opioid use disorder is coded as opioid abuse and moderate is coded as opioid dependence. Sample codes with notes include:

- **F10.14:** Alcohol abuse with alcohol-induced mood disorder.
  - Alcohol use disorder, mild, with alcohol-induced bipolar or related disorder.
  - Alcohol use disorder, mild, with alcohol-induced depressive disorder.
- **F10.24:** Alcohol dependence with alcohol-induced mood disorder.
  - Alcohol use disorder, moderate, with alcohol-induced bipolar or related disorder.
  - Alcohol use disorder, moderate, with alcohol-induced depressive disorder.
  - Alcohol use disorder, severe, with alcohol-induced bipolar or related disorder .
  - Alcohol use disorder, severe, with alcohol-induced depressive disorder.

There are new inclusion terms under subcategory **F17.2** (Nicotine dependence) for tobacco use disorder (TUD), but all forms of TUD (mild, moderate, or severe) are coded as dependence. For example:

- **F17.200:** Nicotine dependence, unspecified, uncomplicated.  
Tobacco use disorder, mild.  
Tobacco use disorder, moderate.  
Tobacco use disorder, severe.

### Digestive Code Updates

New codes have been added for drug-induced constipation (**K59.03**) with a note to report the correct code to identify the drug responsible for this condition:

- **K59:** Other functional intestinal disorders.  
**K59.0:** Constipation.  
**K59.03:** Drug induced constipation. Use additional code for adverse effect, if applicable, to identify drug (**T36-T50** with fifth or sixth character 5).

### Genitourinary Code Updates

Category **N40** (Enlarged prostate) has been renamed to “Benign prostatic hyperplasia,” which is the term that is more commonly used in the United States:

- **N40:** Benign prostatic hyperplasia. Includes: enlarged prostate.  
**N40.0:** Benign prostatic hyperplasia without lower urinary tract symptoms.  
**N40.1:** Benign prostatic hyperplasia with lower urinary tract symptoms.

At the request of the AUA, the code for dysplasia of prostate (**N42.3**) has been split into three new codes:

- **N42:** Other and unspecified disorders of prostate.  
**N42.3:** Dysplasia of prostate.  
**N42.30:** Unspecified dysplasia of prostate.  
**N42.31:** Prostatic intraepithelial neoplasia (PIN).  
Prostatic intraepithelial neoplasia I (PIN I).  
Prostatic intraepithelial neoplasia II (PIN II).  
Excludes: prostatic intraepithelial neoplasia III (PIN III) (**D07.5**).  
**N42.32:** Atypical small acinar

proliferation of prostate.

**N42.39:** Other dysplasia of prostate.

Also at the request of the AUA, new codes have been established for specific reporting of testicular pain and scrotal pain:

- **N50.8:** Other specified disorders of male genital organs.  
**N50.81:** Testicular pain.  
**N50.811:** Right testicular pain.  
**N50.812:** Left testicular pain.  
**N50.819:** Testicular pain, unspecified.  
**N50.82:** Scrotal pain.  
**N50.89:** Other specified disorders of the male genital organs.  
Atrophy of scrotum, seminal vesicle, spermatic cord, tunica vaginalis, and vas deferens.  
Chylocele, tunica vaginalis (nonfilarial) NOS.  
Edema of scrotum, seminal vesicle, spermatic cord, tunica vaginalis; and vas deferens.  
Hypertrophy of scrotum, seminal vesicle, spermatic cord, tunica vaginalis and vas deferens.  
Stricture of spermatic cord, tunica vaginalis, and vas deferens.  
Ulcer of scrotum, seminal vesicle, spermatic cord, testis, tunica vaginalis, and vas deferens.  
Urethroscrotal fistula.

New codes have been added in subcategory **N52.3-** for erectile dysfunction following radiation therapy and other ablative treatments of the prostate:

- **N52:** Male erectile dysfunction.  
**N52.3:** Postprocedural erectile dysfunction.  
**N52.35:** Erectile dysfunction following radiation therapy.  
**N52.36:** Erectile dysfunction following interstitial seed therapy.  
**N52.37:** Erectile dysfunction following prostate ablative therapy.  
Erectile dysfunction following cryotherapy.  
Erectile dysfunction following other prostate ablative therapies.  
Erectile dysfunction following ultrasound ablative therapies.  
**N52.39:** Other and unspecified postprocedural erectile dysfunction.

At the request of the American Association for the Surgery of Trauma, the code for inflammatory disorders of the breast (**N61**) has been replaced with specific codes for mastitis without abscess and abscess of breast and nipple:

- **N61:** Inflammatory disorders of breast.  
**N61.0:** Mastitis without abscess.  
Infective mastitis (acute) (nonpuerperal) (subacute).  
Mastitis (acute) (nonpuerperal) (subacute) NOS.  
Cellulitis (acute) (nonpuerperal) (subacute) of breast NOS.  
Cellulitis (acute) (nonpuerperal) (subacute) of nipple NOS.  
**N61.1:** Abscess of the breast and nipple  
Abscess (acute) (chronic) (nonpuerperal) of areola.  
Abscess (acute) (chronic) (nonpuerperal) of breast.  
Carbuncle of breast.  
Mastitis with abscess.

### Signs & Symptoms Codes Update

Three new codes have been added for voiding difficulties, including the need to immediately re-void, position-dependent voiding, and other voiding difficulties:

- **R39:** Other and unspecified symptoms and signs involving the genitourinary system.  
**R39.1:** Other difficulties with micturition.  
**R39.19:** Other difficulties with micturition.  
**R39.191:** Need to immediately re-void.  
**R39.192:** Position dependent micturition.  
**R39.198:** Other difficulties with micturition.

A new code has been created for prediabetes, in which blood sugar is higher than normal but not high enough to qualify as diabetes:

- **R73:** Elevated blood glucose level.  
**R73.0:** Abnormal glucose.  
**R73.03:** Prediabetes.  
Latent diabetes.  
**R73.09:** Other abnormal glucose.

ICD-10-CM initially classified bacteriuria as urinary tract infection (**N39.0**), but at the

request of the American Academy of Pediatrics, a new code has been created for bacteriuria:

- **R82:** Other and unspecified abnormal findings in urine.
  - R82.7:** Abnormal findings on microbiological examination of urine.
    - Positive culture findings of urine.
  - R82.71:** Bacteriuria.
  - R82.79:** Other abnormal findings on microbiological examination of urine.
    - Positive culture findings of urine.

Category **R93** (Abnormal findings on diagnostic imaging of other body structures) has been expanded to include codes for abnormal findings involving renal pelvis, ureter, bladder, kidney and other urinary organs:

- **R93:** Abnormal findings on diagnostic imaging of other body structures.
  - R93.4:** Abnormal findings on diagnostic imaging of urinary organs.
    - Excludes2: hypertrophy of kidney (**N28.81**).
    - R93.41:** Abnormal radiologic findings on diagnostic imaging of renal pelvis, ureter, or bladder.
      - Filling defect of bladder found on diagnostic imaging.
      - Filling defect of renal pelvis found on diagnostic imaging.
      - Filling defect of ureter found on diagnostic imaging.
    - R93.42:** Abnormal radiologic findings on diagnostic imaging of kidney.
      - R93.421:** Abnormal radiologic findings on diagnostic imaging of right kidney.
      - R93.422:** Abnormal radiologic findings on diagnostic imaging of left kidney.
      - R93.429:** Abnormal radiologic findings on diagnostic imaging of unspecified kidney.
    - R93.49:** Abnormal radiologic findings on diagnostic imaging of other urinary organs.

## Complication Code Updates

Notes have been added in subcategory **T80.21-** (Infection due to central venous catheter) to indicate that these codes should also be used for infection due to pulmonary artery (Swan-Ganz) catheters:

- **T80.2:** Infections following infusion, transfusion and therapeutic injection.
  - Excludes2: Postprocedural infections (**T81.4-**).
  - T80.21:** Infection due to central venous catheter.
    - Infection due to pulmonary artery catheter (Swan-Ganz catheter).
    - T80.211:** Bloodstream infection due to central venous catheter.
      - Bloodstream infection due to pulmonary artery catheter.
    - T80.212:** Local infection due to central venous catheter.
      - Local infection due to pulmonary artery catheter.
    - T80.218:** Other infection due to central venous catheter.
      - Other infection due to pulmonary artery catheter.
    - T80.219:** Unspecified infection due to central venous catheter.
      - Unspecified infection due to pulmonary artery catheter.

## Z Code Updates

In addition to Z-codes listed in other sections of this article, a new category (**Z29**) has been established for “Encounter for other prophylactic measures,” such as administration of palivizumab (Synargis) to prevent respiratory syncytial virus infection in premature infants:

- **Z29:** Encounter for other prophylactic measures.
  - Excludes 1: Desensitization to allergens (**Z51.6**).
    - Prophylactic surgery (**Z40.-**)
  - Z29.1:** Encounter for prophylactic immunotherapy.
    - Encounter for administration of immunoglobulin.
    - Z29.11:** Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV).
    - Z29.12:** Encounter for prophylactic antivenin.

**Z29.13:** Encounter for prophylactic Rho(D) immune globulin.

**Z29.14:** Encounter for prophylactic rabies immune globulin.


**Z29.3:** Encounter for prophylactic fluoride administration.

**Z29.8:** Encounter for other specified prophylactic measures.

**Z29.9:** Encounter for prophylactic measures, unspecified.

Inclusion terms have been added to codes describing a personal history of in-situ neoplasm for CIN III, VAIN III (vagina), and VIN III (vulva):

- **Z86.0:** Personal history of in-situ and benign neoplasms and neoplasms of uncertain behavior.
  - Z86.00:** Personal history of in-situ neoplasm.
    - Conditions classifiable to D00-D09.
  - Z86.001:** Personal history of in-situ neoplasm of cervix uteri.
    - Personal history of cervical intraepithelial neoplasia III [CIN III].
  - Z86.008:** Personal history of in-situ neoplasm of other site.
    - Personal history of vaginal intraepithelial neoplasia III [VAIN III].
    - Personal history of vulvar intraepithelial neoplasia III [VIN III].

Last, throughout the classification, many Excludes1 notes have been changed to Excludes2 notes, and at least one Excludes2 note (category **Y62**) has been changed to Excludes1. It will therefore be important to double-check each note when using the new edition for the first time. The Official Guidelines for Coding and Reporting, Addenda, code lists and other files are available at: [cdc.gov/nchs/icd/icd10cm.htm](http://cdc.gov/nchs/icd/icd10cm.htm). 

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