

Closing Gaps & Meeting Metrics

Coding Tips & Best Practices

December 2021

ICD-10-CM Diagnosis and Guideline Changes for 2022

Every year on October 1, the Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics release updated ICD-10-CM Official Guidelines as well as changes to the code set. This year, there are 159 new codes, 32 deleted codes and 20 revised codes for a total of 72,748 codes to choose from.

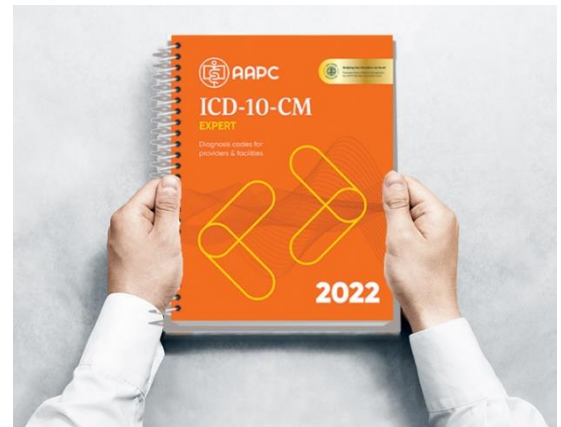
The 2022 ICD-10 Guideline summary can be identified by the **bolded text**. Some of the guideline changes are simply corrections to spelling errors, while others represent significant modifications in the way diseases and conditions are classified.

Note: This newsletter does not replace the ICD-10-CM code book. Guidelines and all code notes are not referenced here. Coding staff and providers should refer to the official coding guidelines.

Implementing Diagnosis Code Changes

To implement these diagnosis changes, we recommend the following tips:

- Ensure all coding staff have the 2022 ICD-10-CM manual.
- Identify deleted or revised ICD-10 codes referenced or used in any of your practice resources (e.g. charge tickets/superbills, EHR templates, conditions/rules, medical necessity edits) and update these resources to accommodate the new, deleted and revised diagnosis codes.
- Contact any of your vendors who maintain ICD-10 files to confirm annual updates have been made.
- Educate your office staff and providers regarding the key 2022 ICD-10-CM coding guideline changes. This will help improve efficiency and accuracy of diagnosis codes – selected electronically or on paper.



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Changes to Guidelines for 2022

The following table shows the major guideline changes.

Guideline	Description
Guideline I.B.2- Level of Detail in Coding	Diagnosis codes are to be used and reported at their highest number of characters available and to the highest level of specificity documented in the medical record.
I.B.13- Laterality	When laterality is not documented by the patient's provider, code assignment for the affected side may be based on medical record documentation from other clinicians. If there is conflicting medical record documentation regarding the affected side, the patient's attending provider should be queried for clarification. Codes for "unspecified" side, such as when documentation in the record is insufficient to determine the affected side and obtaining clarification is not possible, should rarely be used.
I.B.14- Documentation by Clinicians Other than the Patient's Provider	<p>Code assignment is based on the documentation by the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). There are a few exceptions when code assignment may be based on medical record documentation from clinicians who are not the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). In this context, "clinicians" other than the patient's provider refer to healthcare professionals permitted, based on regulatory or accreditation requirements or internal hospital policies, to document in a patient's official medical record.</p> <p>These exceptions include codes for:</p> <ul style="list-style-type: none"> • Body Mass Index (BMI) should only be reported as secondary diagnoses • Depth of non-pressure chronic ulcers • Pressure ulcer stage • Coma scale should only be reported as secondary diagnoses • NIH stroke scale (NIHSS) • Social determinants of health (SDOH) should only be reported as secondary diagnoses • Laterality • Blood alcohol level must be documented by the patient's provider
I.B.18- Use of Sign/Symptom/Unspecified Codes	As stated in the introductory section of these official coding guidelines, a joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment and reporting of diagnoses and procedures. The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

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Guideline	Description
I.C.1.a.2). (i)- History of HIV managed by medication	If a patient with documented history of HIV disease is currently managed on antiretroviral medications, assign code B20, Human immunodeficiency virus [HIV] disease. Code Z79.899, Other long term (current) drug therapy, may be assigned as an additional code to identify the long-term (current) use of antiretroviral medications.
I.C.1.g.1)(g)- Signs and symptoms without definitive diagnosis of COVID19	<p>For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:</p> <ul style="list-style-type: none"> • R05.1, Acute cough, or R05.9, Cough, unspecified • R06.02 Shortness of breath • R50.9 Fever, unspecified <p>If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to COVID-19, assign Z20.822, Contact with and (suspected) exposure to COVID-19, as an additional code.</p>
I.C.2.s.- Breast Implant Associated Anaplastic Large Cell Lymphoma	Breast implant associated anaplastic large cell lymphoma (BIA-ALCL) is a type of lymphoma that can develop around breast implants. Assign code C84.7A, Anaplastic large cell lymphoma, ALK-negative, breast, for BIAALCL. Do not assign a complication code from chapter 19.
I.C.4.a.3)- Secondary diabetes mellitus and the use of insulin, oral hypoglycemic drugs, or injectable non-insulin drugs	<p>If the documentation in a medical record does not indicate the type of Diabetes, but does indicate the patient uses insulin, code E11-, Type 2 diabetes mellitus, should be assigned. Additional code(s) should be assigned from category Z79 to identify the long-term (current) use of insulin, oral hypoglycemic drugs, or injectable non-insulin antidiabetic, as follows:</p> <p style="padding-left: 40px;">If the patient is treated with both oral medications and insulin, both code Z79.4, Long term (current) use of insulin and code Z79.84, Long term (current) use of oral hypoglycemic drugs, should be assigned.</p>
I.C.5.b.4- Medical Conditions Due to Psychoactive Substance Use, Abuse and Dependence	Medical conditions due to substance use, abuse, and dependence are not classified as substance-induced disorders. Assign the diagnosis code for the medical condition as directed by the Alphabetical Index along with the appropriate psychoactive substance use, abuse or dependence code. For example, for alcoholic pancreatitis due to alcohol dependence, assign the appropriate code from subcategory K85.2, alcohol induced acute pancreatitis and the appropriate code from subcategory F10.2, such as code F10.20, alcohol dependence, uncomplicated. It would not be appropriate to assign code F10.288, alcohol dependence with other alcohol-induced disorder.

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Guideline	Description
I.C.5.b.5- Blood Alcohol Level	A code from category Y90, evidence of alcohol involvement determined by blood alcohol level, may be assigned when this information is documented and the patient's provider has documented a condition classifiable to category F10, alcohol related disorders. The blood alcohol level does not need to be documented by the patient's provider in order for it to be coded.
I.C.12.a.2- Unstageable pressure ulcers	If during an encounter, the stage of an unstageable pressure ulcer is revealed after debridement, assign only the code for the stage revealed following debridement.
I.C.21.c.17- Social Determinants of Health	Codes describing SDOH should be assigned when this information is documented. For SDOH, such as information found in categories Z55-Z65, persons with potential health hazards related to socioeconomic and psychosocial circumstances, code assignment may be based on medical record documentation from clinicians involved in the care of the patient who are not the patient's provider since this information represents social information, rather than medical diagnoses. For example, professionals may use documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record. Patient self-reported documentation may be used to assign codes for SDOH, as long as the patient self-reported information is signed-off by and incorporated into the medical record by either a clinician or provider.
IV.F.3- Highest level of specificity	Code to the highest level of specificity when supported by the medical record documentation

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2022 ICD-10 Code Summary

This is a high-level look of the type and quantity of changes occurred in each chapter. New revisions are indicated in the ICD-10-CM book with an “*” and is referred to by “**new text**” at the code level.

Chapter	Title	ICD-10-CM
2	Neoplasms	<ul style="list-style-type: none"> • C84.7A- Anaplastic large cell lymphoma, ALK-negative, breast <ul style="list-style-type: none"> ○ Breast implant associated anaplastic large cell lymphoma (BIA-ALCL) ○ Use additional code to identify: <ul style="list-style-type: none"> • breast implant status (Z98.82) • personal history of breast implant removal (Z98.86) • C56.3 Malignant neoplasm of bilateral ovaries • C79.63 Secondary malignant neoplasm of bilateral ovaries
3	Diseases of blood and blood forming organs and immune mechanism	<ul style="list-style-type: none"> • D55.21 - Anemia due to pyruvate kinase deficiency • D22.29 - Anemia due to other disorders of glycolytic enzymes • D75.838 - Other thrombocytosis • D75.839 - Thrombocytosis, NOS
5	Mental, Behavioral and Neurodevelopmental Disorders	<ul style="list-style-type: none"> • F32.A - Depression, unspecified <ul style="list-style-type: none"> ○ Depression NOS ○ Depressive disorder NOS
9	Circulatory System	<ul style="list-style-type: none"> • I5A - Non-ischemic myocardial injury (non-traumatic) <ul style="list-style-type: none"> ○ Acute (non-ischemic) myocardial injury ○ Chronic (non-ischemic) myocardial injury ○ Unspecified (non-ischemic) myocardial injury ○ Code first the underlying cause, if known and applicable, such as: <ul style="list-style-type: none"> • acute kidney failure (N17.-) • acute myocarditis (I40.-) • cardiomyopathy (I42.-) • chronic kidney disease (CKD) (N18.-) • heart failure (I50.-) • hypertensive urgency (I16.0) • nonrheumatic aortic valve disorders (I35.-) • paroxysmal tachycardia (I47.-) • pulmonary embolism (I26.-) • pulmonary hypertension (I27.0, I27.2-) • sepsis (A41.-)

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Chapter	Title	ICD-10-CM
13	Musculoskeletal System	<ul style="list-style-type: none"> • M31.10 Thrombotic microangiopathy, unspecified • M31.11 Hematopoietic stem cell transplantation-associated thrombotic microangiopathy [HSCT-TMA] • M31.19 Other thrombotic microangiopathy <ul style="list-style-type: none"> ○ Thrombotic thrombocytopenic purpura • M35.0 - Sjögren syndrome <ul style="list-style-type: none"> ○ Sicca syndrome ○ Use additional code to identify associated manifestations • M45.A- Non-radiographic axial spondylarthritis • M54.5- Low back pain
18	Symptoms, signs, abnormal findings	<ul style="list-style-type: none"> • R05- Cough • R05.1- Acute cough • R05.2 -Subacute cough • R05.3- Chronic cough • R05.4- Cough syncope with code first syncope and collapse (R55) <ul style="list-style-type: none"> ○ Code first syncope and collapse • R05.8- Other specified cough • R05.9- Cough, unspecified • R45.88 - Nonsuicidal self-harm <ul style="list-style-type: none"> ○ Nonsuicidal self-injury ○ Nonsuicidal self-mutilation ○ Self-inflicted injury without suicidal intent ○ Code also injury, if known
19	Injury, Poisoning, Consequences of External Cause	<ul style="list-style-type: none"> • S06.A- Traumatic brain compression and herniation <ul style="list-style-type: none"> ○ S06.A0- Traumatic brain compression without herniation ○ S06.A1- Traumatic brain compression with herniation • T40.71- Poisoning by, adverse effect of and underdosing of cannabis (derivatives) • T40.72- Poisoning by, adverse effect of and underdosing of synthetic cannabinoids <ul style="list-style-type: none"> ○ Example: T40.712A- Poisoning by cannabis, intentional self-harm, initial encounter

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Chapter	Title	ICD-10-CM
21	Factors Influencing Health Status	<ul style="list-style-type: none"> • Z55.5 Less than a high school diploma • Z58.6 Inadequate drinking-water supply • Z59.00 Homelessness unspecified • Z59.01 Sheltered homelessness • Z59.02 Unsheltered homelessness • Z59.41 Food insecurity • Z59.48 Other specified lack of adequate food • Z59.811 Housing instability, housed, with risk of homelessness • Z59.812 Housing instability, housed, homelessness in past 12 months • Z59.819 Housing instability, housed unspecified • Z71.85 Encounter for immunization safety counseling • Z91.014 Allergy to mammalian meats • Z91.51 Personal history of suicidal behavior • Z91.52 Personal history of nonsuicidal self-harm
22	Codes for Special Purposes (U00-U49)	<ul style="list-style-type: none"> • U09.9 Post COVID-19 condition, unspecified <ul style="list-style-type: none"> ○ Note: This code enables establishment of a link with COVID-19 ○ This code is not to be used in cases that are still presenting with active COVID-19. However, an exception is made in cases of re-infection with COVID-19, occurring with a condition related to prior COVID-19 ○ Post-acute sequela of COVID-19 ○ Code first the specific condition related to COVID-19 if known, such as: <ul style="list-style-type: none"> • chronic respiratory failure (J96.1-) • loss of smell (R43.8) • loss of taste (R43.8) • multisystem inflammatory syndrome (M35.81) • pulmonary embolism (I26.-) • pulmonary fibrosis (J84.10)

Refer to the [2022 ICD-10 Coding Guidelines](#) for full descriptions.

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COVID-19

This year includes a new code to report sequela related to COVID-19: U09.9 (Post COVID-19 condition, unspecified). In addition, six codes were introduced on Jan. 1, 2021, related to COVID-19 that are included in this final list for FY 2022:

- J12.82 Pneumonia due to coronavirus disease 2019
- M35.81 Multisystem inflammatory syndrome HCC
- M35.89 Other specified system involvement of connective tissue HCC
- Z20.822 Contact with and (suspected) exposure to COVID-19
- Z86.16 Personal history of COVID-19

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References

- www.healthcare.trainingleader.com
- https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2022/
- <https://www.cms.gov/medicare/icd-10/2022-icd-10-cm>
- https://www.icd10data.com/ICD10CM/Codes/Changes/New_Codes/1?year=2022
- <https://www.aapc.com/blog/77818-review-whats-new-for-icd-10-cm-2022/>
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