

Closing Gaps & Meeting Metrics

Coding Tips & Best Practices

October 2022

2023 ICD-10 Code Updates

October brings new updates to the ICD-10-CM code system, including new billable codes for areas such as Social Determinants of Health (SDoH) and dementia. The Centers for Medicare & Medicaid Services (CMS) has added more than 1,000 codes.

It is important to keep in mind that CPT codes answer “What happened?” when you see a patient. However, ICD-10-CM codes explain “why,” which is the most effective way to supply essential information regarding medical necessity for the services your practice provides.

The transition from a fee-for-service to a value-based care health care model has driven many of these changes.

Because reimbursement is contingent on the quality of care provided, this model requires a **more complete**

documentation process with greater focus on ensuring **code specificity** that fully captures the **acuity of the patient and the care provided**. While this is a significant shift, the goal is to ideally improve patient outcomes.



New ICD-10 CM code changes effective October 1, 2022, include:

- 1,176 new codes
- 24 revised codes
- 287 deleted codes

New codes were added in every chapter of the ICD-10-CM **except:**

- Chapter 2: Neoplasms (C00-D49)
- Chapter 7: Diseases of the eye and adnexa (H00-H59)
- Chapter 8: Diseases of the ear and mastoid process (H60-H95)
- Chapter 12: Diseases of the skin and subcutaneous tissue (L00-L99)
- Chapter 18: Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
- Chapter 22: Codes for special purposes (U00-U85)



Your practice must start reporting the new 2023 ICD-10-CM codes on October 1, 2022. This includes more than 1,000 new diagnosis codes added to the available options.

Important Changes to Note

Dementia

With the aging boomer generation, dementia is a growing health concern. Chapter 5 of **Mental, Behavioral and Neurodevelopmental Disorders** is adding 87 new codes. The new codes provide more detailed information on dementia severity and associated behavioral disorders. This, in turn, helps identify expense levels and may support improvements in clinical care.

To report these new codes, you must document the dementia stage to code the encounter. The CMS definitions of the stage are:

- **Mild dementia:** “Clearly evident functional impact on daily life, affecting mainly instrumental activities. No longer fully independent/requires occasional assistance with daily life activities.”
- **Moderate dementia:** “Extensive functional impact on daily life with impairment in basic activities. No longer independent and requires frequent assistance with daily life activities.”
- **Severe dementia:** “Clinical interview may not be possible. Complete dependency due to severe functional impact on daily life with impairment in basic activities, including basic self-care.”

Knowing these stages is imperative to submitting the right code on claims. For example, mild unspecified dementia will be coded to F03.A, whereas severe unspecified dementia should be reported with F03.C.

Additional new codes impact lymphoma, atherosclerosis, and more

In addition to the new 2023 ICD-10-CM codes outlined here, you will find hundreds of additional code changes impacting nearly every specialty.

Select codes we recommend reviewing include:

- Revisions to T-cell lymphoma codes (C84.4 series)
- New codes for candidiasis of the vulva and vagina (B37.- series)
- More specificity thanks to new codes for hemolytic-uremic syndrome (D59.3 series)
- Expansion of the codes for Von Willebrand disease (D68.0 series)
- Several new codes describing short stature (E34.3 series)
- Expansion of the acidosis codes (E87.2 series)
- New codes describing use of alcohol, opioids, cannabis, cocaine, and other substances (F10.9 series)
- Codes added that describe limb girdle muscular dystrophy (G71.03 series)
- An expansion of the atherosclerosis category (I25.- series)
- New codes describing muscle wasting of the back (M62.5A series)
- More than 20 additional codes describing slipped upper femoral epiphysis (M93.0 series)
- New codes for newborn sleep disorders (P28.- series)
- Patient noncompliance with physician’s orders (Z91.1 series)

Summary of Main Changes to ICD-10-CM Guidelines Effective October 1, 2022

Guideline	Updates
I.A.19-Code Assignment and Clinical Criteria	The assignment of a diagnosis code is based on the provider's diagnostic statement that the condition exists, and their statement is sufficient. The guideline further clarifies that, "If there is conflicting medical record documentation, query the provider."
I.B.14-Documentation by Clinicians Other than the Patient's Provider	Under-immunization status was added to the listing of documentation elements that can be coded from non-provider documentation. Specifically, unvaccinated and partially vaccinated (i.e., under-immunized) for COVID-19 can be documented by others and picked up by the coder.
I.B.16-Documentation of Complications of Care	The addition to this guideline requires documentation to support that the condition is clinically significant, but the provider does not have to be explicit in calling it "a complication." Specifically, the guideline reads, "There must be a cause-and-effect relationship between the care provided and the condition, and the documentation must support that the condition is clinically significant. It is not necessary for the provider to explicitly document the term "complication." For example, if the condition alters the course of the surgery as documented in the operative report, then it would be appropriate to report a complication code. It further stipulates, "Query the provider for clarification if the documentation is not clear as to the relationship between the condition and the care or procedure. " The sole responsibility does not rest on the coder; when in doubt, clarify with the provider.
I.C.a- Diabetes Mellitus	All the diabetes sections (general and gestational) had a revision clarifying that Z79.84, long-term use of oral hypoglycemic drugs, is for use of oral hypoglycemic drugs, not only oral medications as previously indicated. The guidelines are introducing the new code of Z79.85, Long term (current) use of injectable non-insulin antidiabetic drugs to replace the generic other long-term drug therapy in appropriate instances.
I.C.1.a.2- Selection and Sequencing of HIV codes	HIV-related conditions are normally sequenced with B20, Human immunodeficiency virus [HIV] disease, followed by additional diagnosis code(s) or all HIV-related conditions. The guideline now reads, "An exception to this guideline is if the reason for admission is hemolytic-uremic syndrome associated with HIV disease. Assign code D59.31, Infection-associated hemolytic-uremic syndrome [HUS], followed by code B20, Human immunodeficiency virus [HIV] disease." This sequencing makes more sense when the patient is being admitted for HUS and there is an HIV backdrop.

Guideline	Updates
<p>I.C.2.a- Secondary Malignant Neoplasm of Lymphoid Tissue</p>	<p>This section was added to clarify what clinically makes sense, “When a malignant neoplasm of lymphoid tissue metastasizes beyond the lymph nodes, a code from categories C81-C85 with a final character “9” should be assigned identifying “extranodal and solid organ sites” rather than a code for the secondary neoplasm of the affected solid organ. For example, for metastasis of B-cell lymphoma to the lung, brain and left adrenal gland, assign code C83.39, Diffuse large B-cell lymphoma, extranodal and solid organ sites.”</p> <p>Normally, a malignancy that spreads to a secondary site is found in C76-C80, Malignant neoplasms of ill-defined, other secondary and unspecified sites, subcategorized by site, such as lung or bone. If it is carcinoid, there is a separate subcategory of secondary neuroendocrine tumors. However, if a lymphoid cancer (e.g., lymphoma) spreads to a solid organ, the proper code to select has the final character of nine (9) which indicates extra nodal and solid organ sites.</p>
<p>I.C.5.d- Dementia</p>	<p>Dementia is undergoing a significant expansion indicating severity. The guideline reads, “The ICD-10-CM classifies dementia (categories F01, F02, and F03) on the basis of the etiology and severity (unspecified, mild, moderate or severe). Selection of the appropriate severity level requires the provider’s clinical judgment and codes should be assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting), unless otherwise instructed by the classification. If the documentation does not provide information about the severity of the dementia, assign the appropriate code for unspecified severity.”</p> <p>This guideline also explains that if a patient is admitted at one severity and progresses, only the higher level is reported.</p>
<p>I.C.15.a.7- Completed Weeks of Gestation</p>	<p>This includes a new paragraph explaining, “In ICD-10-CM, “completed” weeks of gestation refers to full weeks.” While this may seem unnecessary to note, there were some questions regarding this detail.</p>
<p>I.C.19.e.5- Underdosing</p>	<p>A patient’s condition does not need to change in order to assign or capture an underdosing code. If the patient took less than prescribed, even if no adverse effects were experienced, underdosing is still present and clinically significant. If there is a worsening or exacerbation of the condition, that would be another code.</p>
<p>I.C.21.c.10- Counseling</p>	<p>This guideline brings up another new code, Z71.87, Encounter for pediatric-to-adult transition counseling. This can be used as an individual code or in conjunction with additional codes for other conditions.</p>
<p>I.C.21.c.17- Social Determinants of Health</p>	<p>The guidance for SDoH is that these codes are used only when there are problems arising from SDoH, or if it poses a risk. A useful example is that not every individual living alone should be assigned Z60.2, Problems related to living alone.</p> <p>Another example would be Z56.1, Change of job. This might be a problem causing anxiety or depression warranting recording and coding, or it might be a welcome situation and not be considered an issue. For SDoH to impact medical decision making, the “diagnosis or treatment [needs to be] significantly limited by social determinants of health.”</p>

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References

- Resource: [*Official Guidelines for Coding and Reporting, FY 2023*](#)
- [*American Academy for Professional Coders*](#)
- [CMS.gov](https://www.cms.gov)

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