Guide to the 2017 ICD-10-CM Updates

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JustCoding’s Guide to the 2017 ICD-10-CM Updates
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**About the Author**

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More than 2,500 ICD-10-CM codes are being added, revised, or deleted for the 2017 update, effective October 1, 2016. The changes range from minor code revisions, such as the addition or removal of a dash between certain terms in a code title, to more complex revisions, such as changes to laterality and/or site specificity.

We have an unusually high number of changes this year. Typically, the annual update to the diagnosis code set includes several hundred changes, which is already significant (and illustrates why it’s so important to have the most current diagnosis code book or software version loaded into your system), but this year, we have several thousand. This increase is the result of a newly lifted freeze on such changes, which was implemented to ease the transition from ICD-9-CM to ICD-10. The original ICD-10 implementation date was scheduled for October 2013, so the diagnosis code freeze started in October 2011, postponing desirable changes and limiting changes to those that were absolutely essential. At the time, no one knew that the code freeze would last for five years. Now that the code freeze is finally lifted, it’s no surprise that we are experiencing such massive change in 2016.

Note, however, that many of the changes are due to the addition of laterality. Adding laterality to a single diagnosis code likely yields four new codes: right, left, bilateral, and unspecified. Adding in seventh characters, such as for fractures, means that the number of new codes increases quickly.
Several of the revisions relate to minor changes in code descriptors, such as changing NOS (not otherwise specified) to unspecified, or deleting the word “classical” from many of the lymphoma codes. Some revisions involve adding or deleting a hyphen.

One year after ICD-10 implementation, however, the code freeze honeymoon is over, and the regular update schedule begins. In total, the 2017 update includes 1,943 new diagnosis codes, 422 revised codes, and 305 deleted codes.
C49.A0-C49.A9
Gastrointestinal stromal tumors (GIST)
CCs

Seven new codes in the C49.A- series have been added to describe gastrointestinal stromal tumors (GIST). The physician is likely to document the acronym. GISTs are the most common soft tissue sarcoma of connective tissue origin typically occurring in adults ages 40–70. Between 4,000 and 5,000 new cases of GIST are diagnosed each year in the United States. The most common locations for GISTs are the stomach and the small intestine.

The codes will be as follows:

- 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
D47.Z2
Castleman disease

Coders will be able to report Castleman disease (sometimes referred to as Castleman’s disease) with code D47.Z2. This is a group of rare and poorly understood hyperinflammatory disorders that occur in people of all ages, cause lymph node enlargement, and can cause dysfunction of multiple organ systems. Castleman disease can occur in a single lymph node (unicentric) or multiple lymph nodes (multicentric).

Currently, Castleman disease is not considered to be a form of cancer, but more research is needed to confirm this categorization. Patients with Castleman disease have symptoms very similar to symptoms experienced by those with lymphoma. The prevalence is estimated to be approximately 6,500–7,700 new cases per year in the United States. Some forms of Castleman disease can be as deadly as cancer (i.e., the average for all cancers combined), but it is certainly not as well known.

Previously in ICD-10-CM, coders did not have a specific code to use for Castleman disease. Adding a specific code is important to facilitate research and study outcomes that can improve patient care and increase our understanding of the disease. It’s likely that coders will see future revisions to further differentiate between types of Castleman disease, such as unicentric and multicentric, because there are different clinical courses, outcomes, survival rates, and treatments needed for each variant of the disease.
D49.5-
Neoplasm of unspecified behavior of kidney

The American Urological Association requested changes to the D49.5-series for neoplasms of unspecified behavior of the genitourinary system to identify whether the structure is the right (D49.511) or left (D49.512) kidney or some other genitourinary organ (D49.59). An unspecified kidney option will also be added (D49.519).

D78.3-, multiple other chapters
Hemorrhage/hematoma/seroma
CCs

Currently, for a number of specific sites, hemorrhage and hematoma are grouped together in the same code, with no way to distinguish between the two. Additionally, the indexing system for a postoperative seroma directs the coder to “see also hematoma.” A seroma is a collection of fluid that can form after surgery or trauma. It contains clear serous fluid, whereas a hematoma contains blood. The Alliance of Dedicated Cancer Centers raised a concern that using a single code combining hemorrhages, hematomas, and seromas together is problematic, since they are not clinically the same. Having these conditions coded together also results in inaccurate overreporting of postoperative hemorrhage/hematoma volumes.

In order to address these challenges, 30 new codes have been added to specify the hematoma, with separate codes that distinguish hemorrhage. Per the indexing rules for seroma, the coder is directed to “see also hematoma.” In turn, there is a note at hematoma, postoperative, to “see complication, postprocedural, hemorrhage.” Seroma is currently coded together with hematoma and hemorrhage for a number of specific codes for different sites.
Diabetic retinopathy affects blood vessels in the retina that line the back of the eye. It is the most common cause of vision loss among people with diabetes and the leading cause of vision impairment and blindness among working-age adults.

Diabetic macular edema is a consequence of diabetic retinopathy. It causes swelling in an area of the retina called the macula. The macula is what allows you to see fine details clearly; it helps you to thread a needle, read small print, and read street signs.

Changes are being made in the code set to enable better tracking of the more advanced form of diabetic retinopathy, which is the proliferative form. Previously, in the diabetes mellitus categories (E08–E11, E13), only one subcategory existed for reporting proliferative diabetic retinopathy. This change results in 259 new codes.

In addition to what is currently coded in the existing subcategory for diabetic retinopathy, the American Academy of Ophthalmology and the American Society of Retina Specialists felt it important to capture the laterality (i.e., left, right, bilateral, unspecified) as well as the following stages of the disease:

- Mild: Traction retinal detachment not involving the macula
- Moderate: Traction retinal detachment involving the macula
- Severe: Combined traction retinal detachment and rhegmatogenous retinal detachment (retinal tear)
- Stable: The active neovascular process is quieting following treatment (previously lasered or operated)
E78.0-, Z83.42
Familial hypercholesterolemia

Familial hypercholesterolemia is an inherited disorder that can lead to aggressive and premature cardiovascular disease, including heart attacks, strokes, and narrowing of heart valves. People with hypercholesterolemia have extremely high levels of low-density lipids, known as “bad” cholesterol.

In the United States, familial hypercholesterolemia is estimated to affect more than 600,000 individuals, although less than 1% of those individuals are thought have been identified. It is important to identify people with familial hypercholesterolemia, since it is treatable, and distinguish between them and people with other kinds of hypercholesterolemia. An important step in identification is having a code for it.

Based on a joint proposal from the Familial Hypercholesterolemia Foundation and the National Lipid Association, two codes for this condition will be added in the E78 series to identify unspecified hypercholesterolemia (E78.00) vs. familial hypercholesterolemia (E78.01). Code Z83.42 (family history of familial hypercholesterolemia) has also been added.

F32–F80
Psychiatric disorders

The American Psychiatric Association requested 13 new specific codes for several disorders that are listed in the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5). The DSM-5 is the standard classification of mental disorders used by mental health professionals in the United States. This tool provides diagnostic criteria for every psychiatric disorder recognized by the U.S. healthcare system and its corresponding ICD-10-CM codes. Note that
ICD-10-CM does not contain information to help guide diagnosis; it is simply a listing of disease names and their corresponding codes.

The new codes are as follows:

- F32.81, premenstrual dysphoric disorder—the state of feeling unwell or unhappy
- F32.89, other specified depressive episodes
- F34.81, disruptive mood dysregulation disorder
- F34.89, other specified persistent mood disorders
- F42.2, mixed obsessional thoughts and acts
- F42.3, hoarding disorder
- F42.4, excoriation (skin-picking) disorder
- F42.8, other obsessive compulsive disorder
- F42.9, obsessive-compulsive disorder, unspecified
- F50.81, binge eating disorder
- F50.89, other specified eating disorder
- F64.0, transsexualism
- F80.82, social pragmatic communication disorder

Only the two disruptive mood disorders (F34.8-) codes will be considered CCs.

**H34.8-**

**Retinal vascular occlusions**

When a retinal vein is blocked due to a blood clot, the blood cannot drain from the retina. Such a block leads to hemorrhages and leakage of fluid from the blocked blood vessels, which can result in permanent damage to the retina, loss of vision, and other eye problems.
There are two types of retinal vein occlusion:

1. Central retinal vein occlusion is the blockage of the main retinal vein (H34.81-). These codes are CCs.

2. Tributary (branch) retinal vein occlusion is the blockage of one of the smaller branch veins (H34.83-).

The professional eye associations believe that it is important to be able to capture laterality (i.e., left, right, bilateral, unspecified) as well as to code retinal vein occlusion that is stable vs. occurring with macular edema or retinal neovascularization. Neovascularization is when the retina develops new, abnormal blood vessels. These new vessels may leak blood or fluid, causing small spots or clouds, called floaters, to appear in the field of vision. With severe neovascularization, the retina may detach from the back of the eye. Coders will report the laterality and stability with the sixth and seventh codes, respectively, in these subcategories, adding a total of 24 new codes.

H35.-

**Macular edema**

Non-diabetics are not exempt from macular edema; there is also age-related macular degeneration (AMD). There are two types of macular degeneration: dry (non-exudative) and wet (exudative).

**Dry (non-exudative) AMD—currently H35.31**

Most people who have macular degeneration have the dry form, and vision loss is usually gradual. However, people with dry AMD must still carefully and constantly monitor their central vision and use prevention methods to reduce progression to advanced stages.

Seventh characters were developed to identify the stages of dry AMD with the ability to further distinguish between foveal sparing and foveal involvement in the advanced stage of the disease process.
The fovea is a small dimple in the middle of the retina; it is the center of the eye’s sharpest vision and the location of most color perception.

The code set will be enhanced in order to classify dry AMD into the following stages:

- 0, stage unspecified
- 1, early dry stage
- 2, intermediate dry stage
- 3, advanced atrophic without subfoveal involvement
- 4, advanced atrophic with subfoveal involvement

Having the ability to distinguish between these stages will enable better classification of risk for vision loss.

**Wet (exudative) AMD—currently H35.32**

Everyone with wet AMD started out with dry AMD, even if he or she didn’t notice it. Wet macular degeneration is the more advanced type of AMD. Although it affects only 10%–15% of those who have the condition, it accounts for 90% of the severe vision loss caused by macular degeneration. With this type, the membrane underlying the retina thickens and then breaks.

With the revisions in the code set, wet AMD will be classified into the following stages:

- Active choroidal neovascularization
- Inactive choroidal neovascularization (involuted or regressed after treatment)
- Inactive scar
JustCoding’s Guide to the 2017 ICD-10-CM Updates focuses on the notable changes to ICD-10-CM, including additions, revisions, and deletions. Each new code is reviewed, informing coders about what they need to look for in documentation and which procedures to train on.

In addition to presenting the new codes, this book provides insight on why codes were changed. Author Peggy S. Blue, MPH, CCS, CCS-P, CPC, CEMC, also focuses on diagnostic details to look for in documentation and information about disease processes.