



## Coding Clinic & Official Coding Guidelines Updates

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## Presented By



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## Learning Objectives

- At the completion of this educational activity, the learner will be able to:
  - Identify changes to MS-DRGs related to the inpatient prospective payment system (IPPS) changes
  - Explain CDI-related instructional changes within the *Official Guidelines for Coding and Reporting*
  - Describe changes to ICD-10 codes and tabular instructions
  - Define changes to CMS claims-based quality measures



## FY 2022 Update Overview

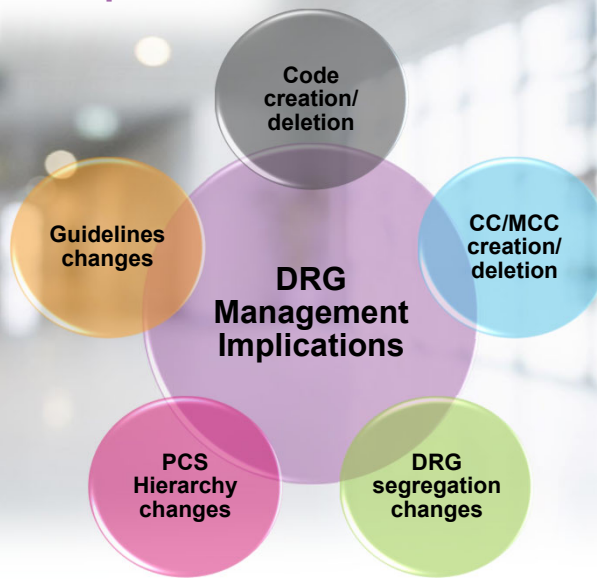
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## 2022 Updates

- IPPS
  - Published on August 2<sup>nd</sup> 2021
  - Impact discharges occurring on or after October 1, 2021
  - Increases combined operating and capital payments by about \$3.7 billion or 2.5%
- ICD-10 CM/PCS data files
  - Guidelines
  - Code tables
  - Index/Tabular



## DRG Management Implications





## CC/MCC Changes

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## Additions/Deletions to MCC List

- Additions
  - G04.82, Acute flaccid myelitis
  - **G92.8, Other toxic encephalopathy**
  - **G92.9, Unspecified toxic encephalopathy**
  - J12.82, Pneumonia due to coronavirus disease
  - M31.10, Thrombotic microangiopathy, unspecified
  - M31.11, Hematopoietic stem cell transplantation-associated thrombotic microangiopathy [HSCT-TMA]
  - **S06.A0XA, Traumatic brain compression without herniation, initial encounter**
  - **S06.A1XA, Traumatic brain compression with herniation, initial encounter**
- Deletions
  - **G92, Toxic encephalopathy**
  - M31.1, Thrombotic microangiopathy

## Addition/Deletions to CC List

- Additions
  - A79.82, Anaplasmosis [A. phagocytophilum]
  - C56.3, Malignant neoplasm of bilateral ovaries
  - C79.63, Secondary malignant neoplasm of bilateral ovaries
  - **C84.7A, Anaplastic large cell lymphoma, ALK-negative, breast**
  - G92.03, Immune effector cell-associated neurotoxicity syndrome, grade 3
  - G92.04, Immune effector cell-associated neurotoxicity syndrome, grade 4
  - G92.05, Immune effector cell-associated neurotoxicity syndrome, grade 5
  - **I5A, Non-ischemic myocardial injury (non-traumatic)**
  - M35.07, Sjogren syndrome with CNS involvement
  - M35.81, Multisystem inflammatory syndrome
  - M35.89, Other specified systemic involvement of connective tissue
- Deletions
  - M35.8, Other system involvement of connective tissue



## ICD-10-CM Official Coding Guideline Changes

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## Level of Detail in Coding

- Focus throughout on level of detail in coding
  - Highest degree of specificity should be reported
  - Review of the entire record
  - Not limited to physician documentation



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## Correlation With 2022 IPPS Final Rule

- Proposed rule presented a potential change to the severity level designation of unspecified codes
  - Specific to those codes where additional specificity of the anatomic site is available
- This proposal was NOT finalized at this time
- Did finalize the implementation of the Unspecified Code MCE option
  - Effective after April 1, 2022

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## Clinician Documentation: Other Than Provider

- Expansion of list of codes which may be reported by clinicians other than the provider
  - BMI
  - Depth/stage of ulcer
  - GCS/NIHSS
  - **Social Determinants Of Health (SDOH)**
  - **Laterality**
  - **Blood alcohol level**

## Social Determinants of Health

- ICD 10 codes
  - Z55 Problems related to education and literacy
  - Z56 Problems related to employment and unemployment
  - Z57 Occupational exposure to risk factors
  - Z58 Problems related to physical environment
  - Z59 Problems related to housing and economic circumstances
  - Z60 Problems related to social environment
  - Z62 Problems related to upbringing
  - Z63 Other problems related to primary support group, including family circumstances
  - Z64 Problems related to certain psychosocial circumstances
  - Z65 Problems related to other psychosocial circumstances
- Self-reported documentation is ok as long as provider or other clinician supports it
- Clarifies and expands on the guidelines from last year and 2019 Coding Clinics
- Cannot be a principal diagnosis

## Human Immunodeficiency Virus

- Documentation of 'HIV disease' should be reported with B20 rather than Z21, Asymptomatic human immunodeficiency virus [HIV] infection status
- If a patient has (history of) HIV disease and is on antiretrovirals B20, HIV should be applied along with the Z code for drug therapy (Z79.899)



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## Query Example: Re-Affirming HIV

- Patient noted to have documentation of **HIV disease** in the record CD4 on this admission was 568. There is no documentation in the record of an HIV-related illness. Patient is on their home regimen of antivirals. After further review, can you please clarify the patient's HIV status as:
  - Asymptomatic HIV status
  - Symptomatic HIV Infection or disease
  - Other \_\_\_\_\_
  - Unable to clinically determine

*Providing CDC classification system for HIV infection criteria as reference is recommended when submitting the query to the physician.*

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## COVID-19

- Post COVID-19 condition
  - New code for U09.9 – Post COVID-19 condition, unspecified
  - Reported for sequela of COVID-19, or associated symptoms or conditions that develop following a previous COVID-19 infection,
  - Code U09.9 should not be assigned for manifestations of an active (current) COVID-19 infection



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### Query Example: Clarification of COVID-19 Infection vs. Sequelae

- Patient admitted with dyspnea and new onset AKI s/p recent COVID-19 infection. COVID-19 test was positive on this admission and patient remained in droplet isolation "due to immunocompromised state" per attending notes. On admission, patient with elevated CRP/D-Dimer and coarsened lung markers on CXR. Treated with high dose steroids and patient noted to have "multisystem inflammatory syndrome", "Recent COVID-19 Pneumonia". After study, can the diagnosis be further clarified as:
  - Multisystem inflammatory syndrome as a manifestation of acute COVID-19 infection
  - Multisystem inflammatory syndrome as a **sequela** of previous COVID-19 infection, isolation on this admission was not for active COVID-19 infection
  - Other \_\_\_\_\_
  - Unable to clinically determine

*If sequela only, code M35.81 as PDx and code U09.9 as ODx*

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### Query Example: Clarification of Covid-19 Infection vs. Sequelae

- 10-year-old previously healthy male was transferred for management of MIS-C in the setting of COVID exposure 1 month prior and positive COVID IgG. After study, can the MIS-C be clarified as:
  - Manifestation of acute COVID-19 infection
  - **Sequela** of previous COVID-19 infection
  - Other \_\_\_\_\_
  - Unable to clinically determine

If sequela, assign multisystem inflammatory syndrome, M35.81, as the PDx and U09.9 as ODx

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### 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 well as the appropriate psychoactive substance use, abuse or dependence code



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## Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL)

- Type of lymphoma that can develop around breast implants
- New code for 2022 (CC)
  - C84.7A, Anaplastic large cell lymphoma, ALK-negative, breast
  - Do not assign a complication code from Chapter 19

## Unstageable Pressure Ulcers

- If the stage of an unstageable pressure ulcer is revealed after debridement during an encounter, assign only the code for the stage revealed following debridement
  - This guidance matches that of Q1 2021, p. 24, regarding DTI
  - Consistent with *AHA Coding Clinic* Q4 2017, p. 109 concerning stage after eschar removal



## ICD-10-CM Changes: Tabular/New Codes

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### Hyperparathyroidism



- E21, Hyperparathyroidism and other disorders of parathyroid gland
  - Previously there was an Excludes 1 for both:
    - Hyperparathyroidism, E21.3
    - Hypercalcemia, E83.52
  - 2022 changed to Excludes 2 for hypercalcemia (E83.52) at code E21
    - E21 and E83.52 can be reported together



## Toxic Encephalopathy: Code Expansion

- G92 deleted from the code set
- Replaced by:
  - G92.8, Other toxic encephalopathy
  - G92.9, Unspecified toxic encephalopathy
- Toxic encephalopathy (both new codes) is an MCC

## Toxic Encephalopathy: Code Expansion

<ul style="list-style-type: none"> <li>● <b>G92.8</b>  <b>Other toxic encephalopathy</b>                      Toxic encephalitis                      Toxic metabolic encephalopathy  <i>Code first</i> poisoning due to drug or toxin, if applicable, (T36-T65 with fifth or sixth character 1-4 or 6)  <i>Use additional</i> code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)</li> <li>● <b>G92.9</b>  <b>Unspecified toxic encephalopathy</b>  <i>Code first</i> poisoning due to drug or toxin, if applicable, (T36-T65 with fifth or sixth character 1-4 or 6)  <i>Use additional</i> code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)</li> </ul>
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Source: TruCode

## Non-Ischemic Myocardial Injury (Non-Traumatic)

- New code created to report Non-ischemic myocardial injury (non-traumatic) (I5A)
  - Inclusion terms of Acute (non-ischemic) myocardial injury, Chronic (non-ischemic) myocardial injury, Unspecified (non-ischemic) myocardial injury
  - Code first the underlying cause, if known
  - I5A is a CC

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## Acute Myocardial Injury

- Defined by one of the following
  - An elevation from a troponin below the 99th percentile upper reference limit (URL) to at least one above the 99th percentile URL.
  - For troponin that is initially above 99th percentile URL: Either
    - A change (rise and/or fall) in troponin levels of at >20%
    - A follow-up troponin decrease to below the 99th percentile URL
  - If cTn is elevated but does not fluctuate by over 20%, this represents **chronic** elevation

Troponin elevation **WITHOUT** signs of ischemia

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## Bronchiectasis

- J47.0, Bronchiectasis with acute lower respiratory infection
  - “Use additional” changed to “code also” to identify infection, if applicable
  - J47.0 is a CC

**“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.



## Spinal Curvatures

- M40, Kyphosis and lordosis
  - Addition of code first underlying disease
- M41.5, Other secondary scoliosis
  - Addition of code first underlying disease



## Traumatic Brain Compression

- New Codes for traumatic brain compression with/without herniation
  - S06.A0XA, Traumatic brain compression without herniation, initial encounter (MCC)
  - S06.A1XA, Traumatic brain compression with herniation, initial encounter (MCC)
- Code first underlying traumatic brain injury
- Not excluded with TBI



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## 2022 Index for Compression and Herniation

### Compression

- with injury - code by Nature of injury
- artery I77.1
- - celiac, syndrome I77.4
- brachial plexus G54.0
- **brain (stem) G93.5**
- - due to
  - - - contusion (diffuse) -see *a/so* Injury, intracranial, diffuse S06.A0
  - - - - with herniation S06.A1
  - - - - focal -see *a/so* Injury, intracranial, focal S06.A0
  - - - - - with herniation S06.A1
  - - - injury NEC -see *a/so* Injury, intracranial, diffuse S06.A0
  - - **nontraumatic G93.5**
  - - **traumatic -see *a/so* Injury, intracranial, diffuse S06.A0**
  - - - with herniation S06.A1

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## Brain Compression

- Brain compression can occur when there is a dysregulation or disturbance to one or more intra-cranial components (Brain volume, cerebral blood flow, CSF volume)
  - Compression can lead to herniation of intra-cranial contents
  - “Midline shift” and “mass affect” are NOT synonymous with brain compression in ICD10 CM. Brain compression must be documented to be coded.

## Other Notable Changes

- Cervicogenic headache (G44.86)
  - Code also associated cervical spinal condition, if known
- Cough syncope (R05.4)
  - Code first syncope and collapse (R55)
- Abnormal liver function test (R94.5)
  - Revised to liver function test (see also elevated, liver function, test) R79.89
- Presacral abscess (K68.19)
  - Consistent with CC Q1 2019, page 15
- Arthritis and arthropathy (M47.819)
  - Facet joint added (see also Spondylosis)
  - Consistent with CC Q3 2019, page 11
- Chylothorax (nonfilarial)
  - Changed from dx I89.8 to J94.0
  - J94.0 is a CC, I89.8 is not
  - Will cause a DRG change when coded as PDx



## ICD-10-PCS Official Coding Guideline Changes

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### Root Operation: Control

- Updated to clarify the definition of control
  - Added statement that includes ligation or clipping of bleeding points
- New examples
  - Silver nitrate cautery to treat acute nasal bleeding is coded to the root operation *Control*
  - Liquid embolization of the right internal iliac artery to treat acute hematoma by stopping blood flow is coded to the root operation *Occlusion*
  - Suctioning of residual blood to achieve hemostasis during a transbronchial cryobiopsy is considered integral to the cryobiopsy procedure and is not coded separately

## B4.1c: Continuous Section of Tubular Body Part

- Updated to clear up misconceptions
  - If a procedure is performed on a continuous section of a tubular body part, code the body part value corresponding to the anatomically **most proximal** (closest to the heart) portion of the tubular body part
- Example
  - A procedure performed on a continuous section of artery from the femoral artery to the external iliac artery with the point of entry at the femoral artery is coded to the external iliac body part



## New ICD-10-PCS Changes

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## New PCS Codes

- New codes available in multiple body systems expanding options for:
  - Body parts
  - Qualifiers
  - Approaches
  - Devices



Note: For details see *Table 6B* at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html>

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## OR to Non-OR

- Open Drainage of Subcutaneous Tissue and Fascia
  - Removal of 22 procedure codes from Appendix E, Operating Room Procedures and Procedure Code/MS-DRG Index as OR procedures. These procedures would no longer be DRG impacting once removed.
- Open Insertion of Feeding Device
  - Removal of procedure code 0DH60UZ as an OR procedure which would make this procedure no longer DRG impacting
- Endoscopic Fragmentation and Extirpation of Matter of Urinary Tract
  - Removal of procedure codes 0TC08ZZ, 0TC18ZZ, 0TC38ZZ, 0TC48ZZ, 0TC68ZZ, and 0TC78ZZ as OR procedures which would make these procedures no longer DRG impacting

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## New Technology Code Additions

- **Cardiovascular System**
  - Extirpation from abdominal aorta, upper and lower extremity veins, and great vessel using Computer-aided Mechanical Aspiration (8 new codes)
  - Bypass radial artery using Thermal Resistance Energy (2 new codes)
  - Replacement of thoracic aorta, arch using Branched Synthetic Substitute with Intraluminal Device (1 new code)
  - Restriction of coronary sinus with Reduction Device (1 new code)
  - Restriction of thoracic aorta, descending using Branched Synthetic Substitute with Intraluminal Device (1 new code)
- **Skin, Subcutaneous Tissue, Fascia and Breast**
  - Replacement of skin with Bioengineered Allogeneic Construct (1 new code)
- **Bones**
  - Reposition of lumbar or thoracic vertebra using Posterior (Dynamic) Distraction Device (4 new codes)

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## New Technology Code Additions

- **Joints**
  - Fusion of thoracolumbar, lumbar, or lumbosacral joint(s) using Customizable Interbody Fusion Device (12 new codes)
- **Anatomical Regions**
  - Introduction into Peripheral Vein and Central Vein
    - Autologous Engineered Chimeric Antigen Receptor T-cell Immunotherapy
    - Allogeneic Engineered Chimeric Antigen Receptor T-cell Immunotherapy
    - Axicabtagene Ciloleucl Immunotherapy
    - Tisagenlecleucl Immunotherapy
    - Idecabtagene Vicleucl Immunotherapy
    - Lifileucl Immunotherapy
    - Brexucabtagene Autoleucl Immunotherapy
    - Lisocabtagene Maraleucl Immunotherapy

See details at: <https://www.federalregister.gov/d/2021-16519/p-1424>

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## Other Considerations

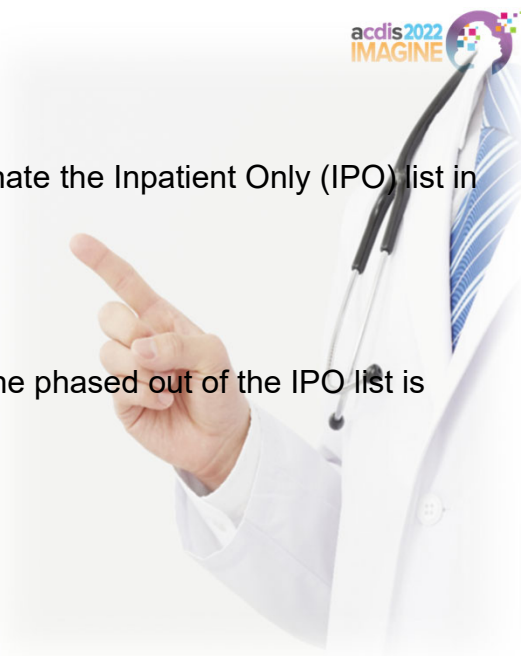
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## Quality Overview: 2022

- Removal of PSI-90 from Hospital Value-Based Purchasing Program
  - Beginning with FY2023
  - This measure was previously removed and was supposed to return in FY 2023, per the 2018 Final Rule
  - Attempt to eliminate duplication with the HACRP
- COVID-19 Suppression and Exclusion
  - CMS continues to suppress data impacted by the COVID-19 pandemic
    - Hospital Readmission Reduction Program
      - Suppression of 30-day pneumonia measure in 2023
    - Hospital Value Based Purchasing
      - Suppression of 30-day pneumonia measure in 2023
      - Exclusion of admission with COVID-19 from the denominator of non-pneumonia measures in the clinical outcomes domain
    - HAC Reduction Program
      - Q3/Q4 data impacting FY2023 is suppressed, and policy is in place to continue to suppress data if impacted by PHE

## Inpatient Only List

- 2021 OPSS announced that they would eliminate the Inpatient Only (IPO) list in a phased approach
  - 3-year plan
  - 2021: removed 298 procedures
- 2022 **PROPOSED** OPSS states that halting the phased out of the IPO list is being considered
  - Those eliminated procedures would be restored



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## MS-DRG Grouper Changes: MDC 5

- Qualifier of intraoperative use for Impella will result in a DRG shift
  - Previously DRG 215, Other Heart Assist System implant
  - Now DRGs 216 – 221 (Cardiothoracic procedures with/without cath)

MS-DRG	MS-DRG Title	Weights
215	Other heart assist system implant	10.5584
216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with MCC	10.0393
217	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with CC	6.4835
218	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization without CC/MCC	6.1093
219	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization with MCC	8.0576
220	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization with CC	5.4053
221	Cardiac valve and other major cardiothoracic procedures without cardiac catheterization without CC/MCC	4.5799

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## MS-DRG Grouper Changes: MDC 5

- Type 2 Myocardial Infarction
  - I21.A1, Type 2 Myocardial Infarction as ODx will now group to DRG 222-223 (Cardiac Defibrillator Implant with Cardiac Catheterization with AMI) when reported with qualifying procedures
- Change in surgical hierarchy
  - Revision of the surgical hierarchy for the MS-DRGs in MDC 05 to sequence MS-DRGs 231-236 (Coronary Bypass) above MS-DRGs 228 and 229 (Other cardiac procedures)
    - Example: If both a CABG and ablation were performed/reported, the grouper logic would assign the CABG surgical class

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## Additional IPPS Changes & References

- MS-DRG Grouper Changes
  - See details at <https://www.federalregister.gov/d/2021-16519/p-368>
- Surgical Hierarchies
  - See details at <https://www.federalregister.gov/d/2021-16519/p-1228>
- Unacceptable Principal Diagnosis Edit
  - See details at <https://www.federalregister.gov/d/2021-16519/p-1199>
- Changes to CC Exclusion List
- For details see Tables 6G.1, 6G.2, 6H.1, and 6H.2
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html>
- Full publication of IPPS FY 2022 and relevant tables
  - <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2022-ipp-pps-final-rule-home-page>

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## Thank you. Questions?

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