CDI-pertinent Review of the CMS FY2020 IPPS Proposed Rule Applicable to MS-DRGs

James S. Kennedy, MD, CCS, CDIP, CCDS
President
CDIMD – Physician Champions
Smyrna, Tennessee
(615) 223-6962
jkennedy@cdimd.com

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Presenters

James S. Kennedy, MD, CCS, CDIP

President – CDIMD (near Nashville, TN)

Credentials:

- Internal medicine – the University of Tennessee
- AHIMA CCS – 2001
- AHIMA CDIP – 2012

Contact:

- jkennedy@cdimd.com
- (615) 479-7021

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Goals

- Review selected changes to MS-DRGs announced in the CMS proposed IPPS rule effective October 1, 2019
  - Quality measures, add-on payments, and other aspects are not included
- Suggest amendments in MS-DRG-oriented CDI foci applicable to this proposal

NOTICE – THIS LECTURE IS EDUCATIONAL IN NATURE AND NOT MEANT TO RENDER CODING OR BILLING ADVICE.

IT IS SOLELY THE OPINION OF THE AUTHOR AND MAY NOT REPRESENT THE OPINIONS, POLICIES OR PROCEDURES OF BLR OR CDIMD.

THIS IS A PROPOSED RULE; FINAL GUIDANCE WILL BE AVAILABLE IN AUGUST, 2019

PLEASE OBTAIN LEGAL COUNSEL PRIOR TO SUBMITTING BILLS BASED ON THE INFORMATION DISCUSSED IN THIS LECTURE.

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Foundations

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This document is scheduled to be published in the Federal Register on 05/03/2019 and available online at https://federalregister.gov/d/2019-08330, and on govinfo.gov

Billing Code 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 412, 413, and 495

[CMS-1716-P]

RIN 0938-AT73

Released on April 23, 2019

https://tinyurl.com/FY2020proposedIPPSrule

Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2020 Rates; Proposed Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Promoting Interoperability Programs Proposed Requirements for Eligible Hospitals and Critical Access Hospitals

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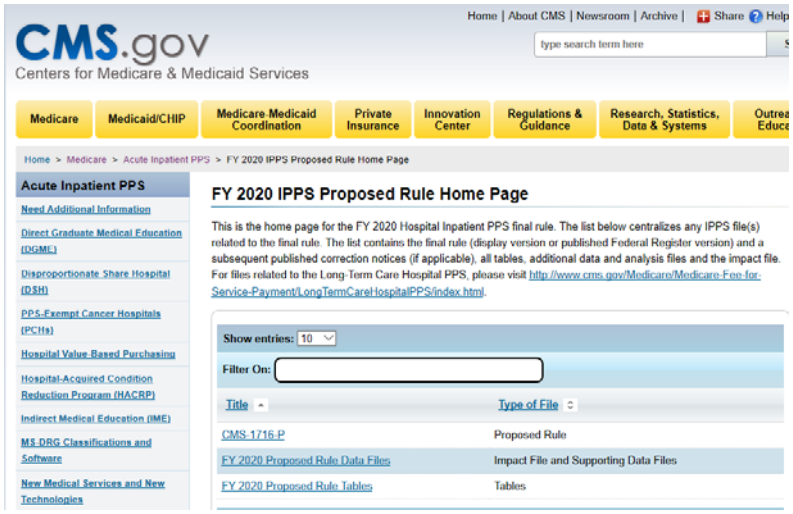
Access the FY2020 IPPS Rule Yourself!
https://tinyurl.com/FY2020proposedIPPSrule



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Executive Summary
CDI-pertinent DRG Change Proposals

- Peripheral ECMO to revert back to MS-DRG 3, ECMO or Tracheostomy with Mechanical Ventilation >96 Hours or Principal Diagnosis Except Face, Mouth and Neck with Major O.R. Procedure
- Amendment of the pulmonary embolism DRG to allow for acute cor pulmonale as a principal diagnosis to serve as its own MCC.
- Incorporation of “percutaneous” “supplement” procedures (e.g. MitralClips®) for all heart valves in the same DRG as transcatheter aortic valve replacements (TAVR)
- Creation of a DRG for a multitude of other endovascular cardiac valve procedures

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Executive Summary
CDI-pertinent DRG Change Proposals

- Cleanup of PDx codes grouping to MS-DRG 485-487, Knee Procedures with Principal Diagnosis of Infection
- Addition of neuromuscular scoliosis, secondary scoliosis, and secondary kyphosis as PDx to MS-DRG 456-458, Spinal Fusion except Cervical with Spinal Curvature or Malignancy or Infection or Extensive Fusions with removal of certain codes that describe cervical disease
- Elimination of separate DRG for extracorporal shockwave lithotripsy, incorporating these cases into MS-DRG 693-694, Urinary Stones.
- Clean-up of MS-DRG 981-983 and 987-989, Extensive and nonextensive OR procedure unrelated to the principal diagnosis.

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Executive Summary
OR Procedures

- Removals
  - All bronchoalveolar lavages
  - Percutaneous drainage of pelvic cavity
  - Percutaneous removal of drainage devices from the pancreas
- Additions
  - Percutaneous occlusion of the gastric artery
- Refusals
  - For endoscopic insertion of an endobronchial valve to be an OR procedure (Pulmonx Zephyr Valve)

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Executive Summary
Significant MCC – CC Revisions

PROPOSED MCC/CC SUBCLASS MODIFICATIONS

Severity Level – CC Subclass	Version 36 Severity Level Number of Codes	Proposed Version 37 Severity Level Number of Codes	Percent Change	Proposed Version 37 Change to MCC subclass, Number of Codes	Proposed Version 37 Change to CC subclass, Number of Codes	Proposed Version 37 Change to Non-CC subclass, Number of Codes
MCC	3,244	3,099	-4.5%	N/A	136	17
CC	14,528	13,691	-5.8%	8	N/A	1,148
Non-CC	54,160	55,142	1.8%	0	183	N/A
Total	**71,932**	**71,932**	**N/A**	**8**	**319**	**1,166**

CMS's attempt to address "DRG" and "CC/MCC creep"

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Proposed CC/MCC Changes

Condition(s)	FY2019	FY2020
Most cancers invisible to the naked eye	CC	Non-CC
Chronic and Permanent Atrial Fibrillation	Not a CC	CC
Pressure ulcers – Stage 1, Stage 2, Unstageable, Unspecified	Not a CC	CC
Pressure ulcers – Stage 3, Stage 4	MCC	CC
Most malignancies invisible to external inspection (787)	CC	Non-CC
Candida esophagitis and enteritis	CC	MCC
Sickle cell disease w/crisis, acute chest syndrome, or splenic sequestration	MCC	Non-CC
Acute blood loss anemia	CC	Non-CC
Hypercoagulable states	CC	Non-CC
Drug or chemotherapy-induced pancytopenia	MCC	CC
Combination marasmus-kwashiorkor or severe malnutrition	MCC	CC
Moderate malnutrition	CC	MCC
BMI < 19.9; BMI 40.0 to 49.9	CC	Non-CC
Hypocalcemia and hypophosphatemia	Non-CC	CC
Type 1 or unspecified type ST-segment elevation myocardial infarction	MCC	CC

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Proposed CC/MCC Changes

Condition(s)	FY2019	FY2020
Severe persistent asthma w/exacerbation	CC	MCC
Acute right heart failure	Not a CC	CC
Chronic systolic and/or diastolic heart failure	CC	Non a CC
Brain degeneration due to alcohol	Not a CC	CC
Wernicke's encephalopathy	CC	MCC
Postprocedural acute respiratory failure	MCC	CC
Spastic quadriplegic cerebral palsy	MCC	CC
Other spastic cerebral palsies	CC	Non-CC
Cutaneous abscesses	CC	Non-CC
Specified influenza (e.g. A or B) with respiratory manifestations	Non-CC	CC
Immobility syndrome	Non-CC	CC
Chronic kidney disease, states 4 and 5	CC	Non-CC
End-stage renal disease	MCC	CC
MANY MANY OTHERS!		

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Send Your Comments In!
Due on June 24, 2019 at 5:00 p.m. EDT

- Electronically at Regulations.gov
  - https://www.regulations.gov/comment?D=CMS-2019-0073-0003
- Via mail at:

  Centers for Medicare & Medicaid Services
  Department of Health and Human Services
  Attention: CMS-1716-P
  P.O. Box 8013
  Baltimore, MD 21244-1850.
- All submitted comments are public and can be read!
  - Thus, any comments sent using an employer's email address or their official stationery should likely be authorized by a superior officer
  - Individual comments representing one's own opinion can be sent from one's personal email.

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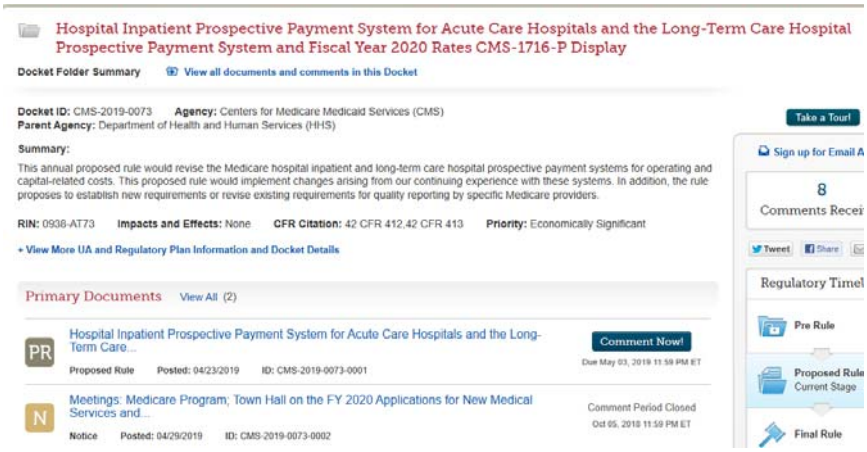
Regulations.gov

https://www.regulations.gov/docket?D=CMS-2019-0073



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ACDIS Supports Your Efforts!
https://tinyurl.com/y64yo7al

ACDIS update: Regulatory Committee shares templates for commenting on FY 2020 IPPS proposed rule

May 30, 2019 – CDI Strategies - Volume 13, Issue 24

The ACDIS Regulatory Committee formed last fall and has been working to keep ACDIS members up to date on the regulatory changes that could potentially affect their CDI practice. One change that the committee members are currently monitoring is the proposed IPPS rule changes for fiscal year (FY) 2020 that have been published by the CMS ICD-10 Coordination and Maintenance Committee.

The ACDIS Regulatory Committee has created a pilot initiative involving the proposed change to take away the CC status for the Z codes for BMI 40-49.9 and BMI 45-49.9. The committee wants to see if mobilizing the CDI specialist community to submit comment letters to oppose this change will persuade CMS to maintain the CC status for these BMI Z codes. The comment template for this initiative as well as three other templates that the committee has created for members' use are all available in the ACDIS Resource Library.

In the Library, members will find the following:

1. **General Morbid Obesity template:** This is the committee's project template. Please take a moment to download, edit, re-save, and submit this template to CMS. We will know sometime in August if our project made an impact when CMS publishes the IPPS final rules document.
2. **Appreciation template:** This can be used to submit approval of some of the proposed changes that you find helpful and you think would improve healthcare here in the USA.
3. **General concerns template:** This is a template to use to express your concerns regarding the potential consequences of the proposed changes to the malignancy and sickle cell codes on the young adult and pediatric populations.
4. **Specific issue template:** This template is created to help you construct a comment letter regarding a specific issue in the proposed rule changes that you feel could have a negative impact on healthcare. The committee has included a comment letter that was used to overturn the IPPS rule change for ECMO. This can be used to guide you in creating your own comment letter.

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Fundamental DRG Changes

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ECMO – FY2019
Peripheral ECMO Does Not Group to MS-DRG 003

ICD-10-PCS Code	Code Description	MS-DRG	MS-DRG Description
5A1522F	Extracorporeal Oxygenation, Membrane, Central	Pre-MDC MS-DRG 003	ECMO or Tracheostomy with Mechanical Ventilation >96 Hours or Principal Diagnosis Except Face, Mouth and Neck with Major O.R. Procedure
5A1522G	Extracorporeal Oxygenation, Membrane, Peripheral Veno-arterial	MS-DRG 207	Respiratory System Diagnosis with Ventilator Support >96 Hours or Peripheral Extracorporeal Membrane Oxygenation (ECMO)
		MS-DRG 291	Heart Failure and Shock with MCC or Peripheral Extracorporeal Membrane Oxygenation (ECMO)
		MS-DRG 296	Cardiac Arrest, Unexplained with MCC or Peripheral Extracorporeal Membrane Oxygenation (ECMO)
		MS-DRG 870	Septicemia Or Severe Sepsis with Mechanical Ventilation >96 Hours Or Peripheral Extracorporeal Membrane Oxygenation (ECMO)
5A1522H	Extracorporeal Oxygenation, Membrane, Peripheral Veno-venous	MS-DRG 207	Respiratory System Diagnosis with Ventilator Support >96 Hours or Peripheral Extracorporeal Membrane Oxygenation (ECMO)
		MS-DRG 291	Heart Failure and Shock with MCC or Peripheral Extracorporeal Membrane Oxygenation (ECMO)
		MS-DRG 296	Cardiac Arrest, Unexplained with MCC or Peripheral Extracorporeal Membrane Oxygenation (ECMO)
		MS-DRG 870	Septicemia Or Severe Sepsis

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Complaints

1) The MS-DRG assignments for ECMO should not be based on how the patient is cannulated (open versus peripheral) because most of the costs for both central and peripheral ECMO can be attributed to the severity of illness of the patient;
2) There was a lack of opportunity for public comment on the finalized MS-DRG assignments;
3) Patient access to ECMO treatment and programs is now at risk because of inadequate payment; and
4) CMS did not appear to have access to enough patient data to evaluate for appropriate MS-DRG assignment consideration
5) The new procedure codes do not account for an open cut-down approach that may be performed on a peripheral vessel during a peripheral ECMO procedure.

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ECMO – FY2020 Proposed Rule
Peripheral ECMO Grouping to MS-DRG 003

ICD-10-PCS Code	Code Description	MS-DRG	MS-DRG Description
5A1522F	Extracorporeal Oxygenation, Membrane, Central	Pre-MDC MS-DRG 003	ECMO or Tracheostomy with Mechanical Ventilation >96 Hours or Principal Diagnosis Except Face, Mouth and Neck with Major O.R. Procedure
5A1522G	Extracorporeal Oxygenation, Membrane, Peripheral Veno- arterial		
5A1522H	Extracorporeal Oxygenation, Membrane, Peripheral Veno- venous		

MS-DRG	MDC	TYPE	V37 MS-DRG Title	Proposed Relative Weights	V36 Weights	Δ RW %
003	PRE	SURG	ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	18.8862	18.2974	3.2%

Comments (and Lobbying) Matters
Consider Supporting This Proposal

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Acute Cor Pulmonale w/Pulmonary Embolus
Impact of the Principal Diagnosis

- For FY2019, CMS removed all CCs and MCCs that were incorporated in the PDx.
- This affected the capture of acute cor pulmonale w/pulmonary embolus, losing MCC status when the combination code was sequenced as the principal diagnosis.

ICD-10-CM Code	Code Description
I26.01	Septic pulmonary embolism with acute cor pulmonale
I26.02	Saddle embolus of pulmonary artery with acute cor pulmonale
I26.09	Other pulmonary embolism with acute cor pulmonale

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Acute Cor Pulmonale w/Pulmonary Embolus
Cost Analysis – ACP Adds Costs

MS-DRGs for Pulmonary Embolism

MS-DRG	Number of Cases	Average Length of Stay	Average Costs
MS-DRG 175--All cases	24,389	5.2	$10,294
MS-DRG 175--Cases with pulmonary embolism with acute cor pulmonale	2,326	5.7	$13,034
MS-DRG 176--All cases	30,215	3.3	$6,356
MS-DRG 176--Cases with pulmonary embolism with acute cor pulmonale	1,821	3.9	$9,630

CMS proposes adding acute cor pulmonale w/PE as PDx to serve as its own MCC

MS-DRG	MDC	TYPE	V37 MS-DRG Title	Proposed Relative Weights	V36 Weights	Δ RW %
175	04	MED	PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	1.4455	1.4649	-1.3%
176	04	MED	PULMONARY EMBOLISM W/O MCC	0.8661	0.899	-3.7%

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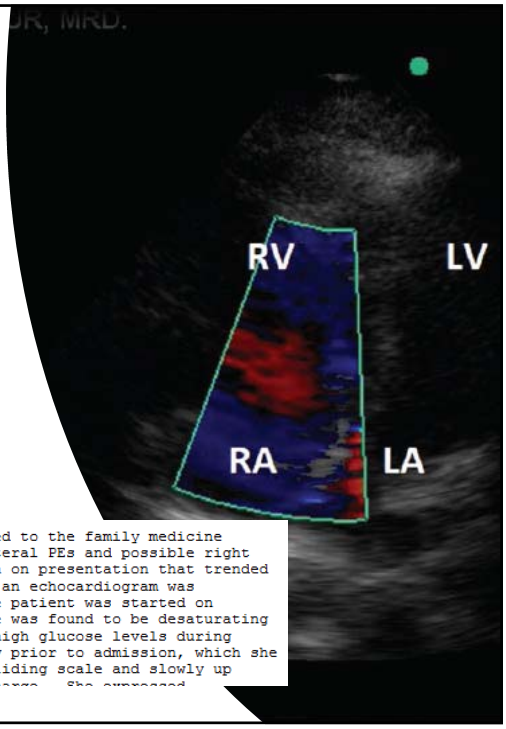
Clinical Indicators of Acute Cor Pulmonale

- Right ventricular DILATION or "STRAIN"
- Pulmonary artery dilation on CT
- "Troponin leak" or "demand ischemia" when there is no evidence of acute myocardial ischemia.



SUMMARY OF HOSPITAL COURSE: Patient was admitted to the family medicine service. CT with PE protocol demonstrated bilateral PEs and possible right heart strain. The patient also had troponinemia on presentation that trended down. It was attributed to demand ischemia and an echocardiogram was performed showing no concerns for ischemia. The patient was started on heparin drip and oxygen by nasal cannula and she was found to be desaturating on ambulation. Patient was found to have very high glucose levels during admission. She was only on metformin once daily prior to admission, which she was not taking. She was managed with insulin sliding scale and slowly up

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Other DRG Changes
Mitral Clips and Other Endovascular Procedures

- A number of endovascular cardiac valve "supplement" procedures with supplementation will be added to MS-DRG 266-267, such as MitralClips®.
- Creation of a new DRG 319-320 for the other endovascular cardiac valve procedures.

MS-DRG	MDC	TYPE	V37 MS-DRG Title	Proposed Relative Weights	V36 Weights	Δ RW %
266	05	SURG	ENDOVASCULAR CARDIAC VALVE REPLACEMENT **& SUPPLEMENT** PROCEDURES W MCC	7.2195	7.1915	0.4%
267	05	SURG	ENDOVASCULAR CARDIAC VALVE REPLACEMENT **& SUPPLEMENT** PROCEDURES W/O MCC	5.7931	5.8481	-0.9%
319	**05**	**SURG**	**OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC**	**4.2423**	**New DRG**	-
320	**05**	**SURG**	**OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC**	**2.4576**	**New DRG**	-

MCC Capture Is Vital!

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ICD-10-PCS Root Operation

- **Replacement** - "Putting in or on biological or synthetic material that physically **takes the place** and/**or function** of **all or a portion** of a body part.
- **Supplement** - "Putting in or on biologic or synthetic material that **physically reinforces** and/or **augments** the function **of a portion** of a body part."

Note: As discussed later, CMS is proposing that ruptures of the chordae tendineae (I51.1) or the papillary muscle (I51.2) not due to an acute myocardial infarction that may cause mitral regurgitation be classified as CCs rather than MCCs, affecting these DRGs.

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Other Proposals

- New DRGs for CAR-T cell therapy – requesting comments of how to set the relative weights in light of IME, GME, and other factors
- Remove ICD-10-PCS codes for carotid stenting that do not involve dilation of the artery or involve procedures on the vein
- Cleanup of PDx codes grouping to MS-DRG 485-487, Knee Procedures with Principal Diagnosis of Infection
- Addition of neuromuscular scoliosis, secondary scoliosis, and secondary kyphosis as PDx to MS-DRG 456-458, Spinal Fusion except Cervical with Spinal Curvature or Malignancy or Infection or Extensive Fusions
- Removal of a separate DRG for extracorporeal shock wave lithotripsy (ESWL)
- Multiple revisions of DRG 981-983, Extensive OR Procedure Unrelated to Principal Diagnosis

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Executive Summary
OR Procedures

- Removals
  - All bronchoalveolar lavages
  - Percutaneous drainage of pelvic cavity
  - Percutaneous removal of drainage devices from the pancreas
- Additions
  - Percutaneous occlusion of the gastric artery
- Refusals
  - For endoscopic insertion of an endobronchial valve to be an OR procedure (Zephyr valves)

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New ICD-10-CM Codes

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New ICD-10-CM Codes
Adenosine Deaminase Deficiency / Pulm Emb.

Dx Code	Description	CC	MDC	MS-DRG
D75.A	Glucose-6-phosphate dehydrogenase (G6PD) deficiency without anemia	N	16	814, 815, 816
D81.30	Adenosine deaminase deficiency, unspecified	C	10	642
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency	C	10	642
D81.32	Adenosine deaminase 2 deficiency	C	10	642
D81.39	Other adenosine deaminase deficiency	C	10	642
H81.4	Vertigo of central origin	N	03	149
I26.93	Single subsegmental pulmonary embolism without acute cor pulmonale	M	04	175, 176
			15	791(10), 793(10)
I26.94	Multiple subsegmental pulmonary emboli without acute cor pulmonale	M	04	175, 176
			15	791(10), 793(10)

Access these in Table 6A, available at
https://tinyurl.com/FY2020proposedIPPS-Tables-6

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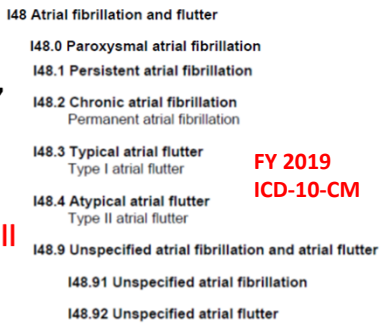
New ICD-10-CM Codes
Atrial Fibrillation – Chronic or Permanent to Be Added

Diagnosis Code	Description	CC	MDC	MS-DRG
I48.11	Longstanding persistent atrial fibrillation	C	05	308, 309, 310
I48.19	Other persistent atrial fibrillation	C	05	308, 309, 310
			15	791(10), 793(10)
I48.20	Chronic atrial fibrillation, unspecified	C	05	308, 309, 310
I48.21	Permanent atrial fibrillation	C	05	308, 309, 310
			15	791(10), 793(10)

In a surprising move, while persistent atrial fibrillation has always been a CC and chronic/permanent A. fib was not, CMS proposes adding chronic or permanent atrial fibrillation to the CC list!

Unspecified or paroxysmal atrial fib will remain as non-CCs



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Definitions of Permanent and Persistent Atrial Fibrillation

TABLE 4 Definitions of AF: A Simplified Scheme

Term	Definition
Paroxysmal AF	• AF that terminates spontaneously or with intervention within 7 d of onset. • Episodes may recur with variable frequency.
Persistent AF	• Continuous AF that is sustained >7 d.
Long-standing persistent AF	• Continuous AF >12 mo in duration.
Permanent AF	• The term "permanent AF" is used when the patient and clinician make a joint decision to stop further attempts to restore and/or maintain sinus rhythm. • Acceptance of AF represents a therapeutic attitude on the part of the patient and clinician rather than an inherent pathophysiological attribute of AF. • Acceptance of AF may change as symptoms, efficacy of therapeutic interventions, and patient and clinician preferences evolve.
Nonvalvular AF	• AF in the absence of rheumatic mitral stenosis, a mechanical or bioprosthetic heart valve, or mitral valve repair.

CDI must now declare war on unspecified atrial fibrillation!

Persistent implies a rhythm control strategy, even if in NSR

Permanent or chronic A. fib means "I surrender!"

- Acceptance of chronic a. fib with only anticoagulation and rate control

https://tinyurl.com/HRSaFib2014

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Unspecified Atrial Fibrillation Dallas Texas

Hospital Name	City	ST	Atrial Fib - Specified-Ratio	Atrial Fib - Unspecified – DRG w/o CC/MCC-Ratio
TEXAS HEALTH PRESBYTERIAN HOSPITAL DENTON	Denton	TX	69.5%	5.1%
TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS	Dallas	TX	62.0%	6.9%
MEDICAL CENTER OF MCKINNEY	McKinney	TX	58.4%	8.6%
METHODIST CHARLTON MEDICAL CENTER	Dallas	TX	57.8%	7.8%
PARKLAND HEALTH AND HOSPITAL SYSTEM	Dallas	TX	56.9%	5.3%
MEDICAL CITY DALLAS HOSPITAL	Dallas	TX	55.4%	6.1%
BAYLOR MEDICAL CENTER AT IRVING	Irving	TX	53.1%	12.7%
UT SOUTHWESTERN UNIVERSITY HOSPITAL ST PAUL	Dallas	TX	52.9%	7.7%
MEDICAL CENTER OF PLANO	Frisco	TX	46.1%	8.3%
BAYLOR UNIVERSITY MEDICAL CENTER	Dallas	TX	45.7%	8.9%
METHODIST DALLAS MEDICAL CENTER	Dallas	TX	42.1%	5.3%
UT SOUTHWESTERN UNIVERSITY HOSPITAL-ZALE LIPSHY	Dallas	TX	41.9%	8.3%

At larger hospitals in Dallas, TX, only 42 – 69% of atrial fibrillation is specified, indicating a potential need for CDI to obtain specificity of atrial fibrillation

Data source: CDIMDTracker, FY2017 MedPAR

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Deep Tissue Injury Now Has Its Own Code
No Longer "Unstageable" Pressure Sore

TABLE 6A - NEW DIAGNOSIS CODES

Diagnosis Code	Description	CC
L89.006	Pressure-induced deep tissue damage of unspecified elbow	C
L89.016	Pressure-induced deep tissue damage of right elbow	C
L89.026	Pressure-induced deep tissue damage of left elbow	C
L89.106	Pressure-induced deep tissue damage of unspecified part of back	C
L89.116	Pressure-induced deep tissue damage of right upper back	C
L89.126	Pressure-induced deep tissue damage of left upper back	C
L89.136	Pressure-induced deep tissue damage of right lower back	C
L89.146	Pressure-induced deep tissue damage of left lower back	C
L89.156	Pressure-induced deep tissue damage of sacral region	C
L89.206	Pressure-induced deep tissue damage of unspecified hip	C
L89.216	Pressure-induced deep tissue damage of right hip	C
L89.226	Pressure-induced deep tissue damage of left hip	C
L89.306	Pressure-induced deep tissue damage of unspecified buttock	C
L89.316	Pressure-induced deep tissue damage of right buttock	C
L89.326	Pressure-induced deep tissue damage of left buttock	C
L89.46	Pressure-induced deep tissue damage of contiguous site of back, buttock and hip	C
L89.506	Pressure-induced deep tissue damage of unspecified ankle	C
L89.516	Pressure-induced deep tissue damage of right ankle	C
L89.526	Pressure-induced deep tissue damage of left ankle	C
L89.606	Pressure-induced deep tissue damage of unspecified heel	C
L89.616	Pressure-induced deep tissue damage of right heel	C
L89.626	Pressure-induced deep tissue damage of left heel	C
L89.816	Pressure-induced deep tissue damage of head	C
L89.896	Pressure-induced deep tissue damage of other site	C
L89.96	Pressure-induced deep tissue damage of unspecified site	C

All of these (along with every other pressure ulcer code) will be CCs in MS-DRGs

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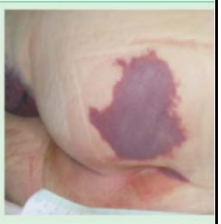
Deep Tissue Injury

DEEP TISSUE PRESSURE INJURY

Persistent non-blanchable deep red, maroon or purple discoloration

Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.



https://www.npuap.org/wp-content/uploads/2012/03/NPUAP-Staging-Poster.pdf

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All Pressure Ulcers and DTIs will be CCs
All Will Also be HACs if Not POA

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
L89.000	Pressure ulcer of unspecified elbow, unstageable	N	**CC**
L89.001	Pressure ulcer of unspecified elbow, stage 1	N	**CC**
L89.002	Pressure ulcer of unspecified elbow, stage 2	N	**CC**
L89.003	Pressure ulcer of unspecified elbow, stage 3	MCC	CC
L89.004	Pressure ulcer of unspecified elbow, stage 4	MCC	CC
L89.009	Pressure ulcer of unspecified elbow, unspecified stage	Non-CC	CC
L89.010	Pressure ulcer of right elbow, unstageable	Non-CC	CC
L89.011	Pressure ulcer of right elbow, stage 1	Non-CC	CC
L89.012	Pressure ulcer of right elbow, stage 2	Non-CC	CC
L89.013	Pressure ulcer of right elbow, stage 3	MCC	CC
L89.014	Pressure ulcer of right elbow, stage 4	MCC	CC
L89.019	Pressure ulcer of right elbow, unspecified stage	Non-CC	CC
L89.020	Pressure ulcer of left elbow, unstageable	Non-CC	CC

If any of these are not Present on Admission, they will not serve as CCs

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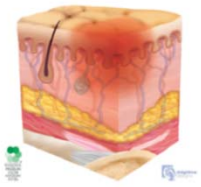
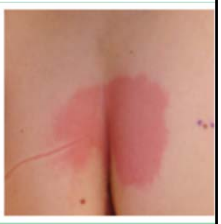
Pressure Injury (NPUAP) Versus Pressure Ulcer (ICD-10)
Note: Unstageable Ulcer Still Has A Code

STAGE 1 PRESSURE INJURY

Non-blanchable erythema of intact skin

Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

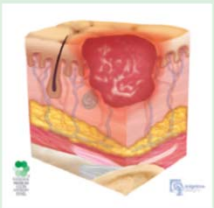


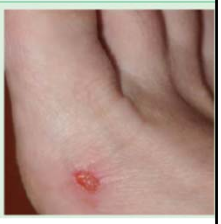


STAGE 2 PRESSURE INJURY

Partial-thickness skin loss with exposed dermis

Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD)





Challenging Language between what NPUAP and ICD-10-CM uses

https://www.npuap.org/wp-content/uploads/2012/03/NPUAP-Staging-Poster.pdf

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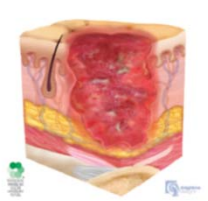
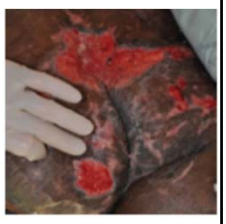
Pressure Injury (NPUAP) Versus Pressure Ulcer (ICD-10)
Note: Unstageable Ulcer Still Has a Code

STAGE 3 PRESSURE INJURY

Full-thickness skin loss

Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.





STAGE 4 PRESSURE INJURY

Full-thickness loss of skin and tissue

Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

Challenging Language between what NPUAP and ICD-10-CM uses

https://www.npuap.org/wp-content/uploads/2012/03/NPUAP-Staging-Poster.pdf

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Changes to the CC/MCC List
Involving Existing Codes

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Significant Reduction in Number of CCs and MCC

PROPOSED MCC/CC SUBCLASS MODIFICATIONS

Severity Level – CC Subclass	Version 36 Severity Level Number of Codes	Proposed Version 37 Severity Level Number of Codes	Percent Change	Proposed Version 37 Change to MCC subclass, Number of Codes	Proposed Version 37 Change to CC subclass, Number of Codes	Proposed Version 37 Change to Non-CC subclass, Number of Codes
MCC	3,244	3,099	-4.5%	N/A	136	17
CC	14,528	13,691	-5.8%	8	N/A	1,148
Non-CC	54,160	55,142	1.8%	0	183	N/A
Total	**71,932**	**71,932**	**N/A**	**8**	**319**	**1,166**

CMS's attempt to address "DRG" and "MCC" creep
Access these in Table 6p.1c, available at
https://tinyurl.com/FY2020proposedIPPS-Tables-6

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Significant Reduction in Number of CCs and MCC

Comparison of Current CC List and Proposed CC List

	Current CC List	Proposed CC List
Codes designated as an MCC	3,244	3,099
Percent of cases with one or more MCCs	41.0%	36.3%
Average charge of cases with one or more MCCs	$16,439	$16,490
Codes designated as a CC	14,528	13,691
Percent of cases with one or more CCs	40.5%	40.3%
Average charge of cases with one or more CCs	$10,332	$10,518
Codes designated as non-CC	54,160	55,142
Percent of cases with no CC	18.5%	23.4%
Average charge of cases with no CCs	$9,885	$10,166

- MCCs – 145 less
- CCs – 837 less

https://tinyurl.com/FY2020proposedIPPS-Tables-6

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Table 6P.1.C
https://tinyurl.com/FY2020proposedIPPS-Tables-6

	A	B	C	D
1	Table 6P.1c List of ICD-10-CM diagnosis codes with proposed severity level changes			
2	ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
3	A09	Infectious gastroenteritis and colitis, unspecified	CC	Non-CC
4	A69.20	Lyme disease, unspecified	CC	Non-CC
5	B37.81	Candidal esophagitis	CC	MCC
6	B37.82	Candidal enteritis	CC	MCC
7	C15.3	Malignant neoplasm of upper third of esophagus	CC	Non-CC
8	C15.4	Malignant neoplasm of middle third of esophagus	CC	Non-CC
9	C15.5	Malignant neoplasm of lower third of esophagus	CC	Non-CC
10	C15.8	Malignant neoplasm of overlapping sites of esophagus	CC	Non-CC
11	C15.9	Malignant neoplasm of esophagus, unspecified	CC	Non-CC
12	C16.0	Malignant neoplasm of cardia	CC	Non-CC
13	C16.1	Malignant neoplasm of fundus of stomach	CC	Non-CC
14	C16.2	Malignant neoplasm of body of stomach	CC	Non-CC
15	C16.3	Malignant neoplasm of pyloric antrum	CC	Non-CC
16	C16.4	Malignant neoplasm of pylorus	CC	Non-CC

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Tremendous Impact on US Hospital

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MS-DRG MCC - CC SHIFTS
FY2020 IPPS Proposed Rule

(855) MY-CDI-MD
info@cdimd.com

Prov #	Hospital Name	At Risk DRGs	MCC Shift Down	CC Shift Down	CC Shift Up	WO CC UP	Shifts Up	Shifts Down	Total shifts	TM $ Impact
400022	Hospital Damas Inc	3,062	44.6%	10.2%	1.3%	1.9%	1.7%	27.3%	12.2%	($467,947)
400021	Hospital De La Concepcion	2,714	40.4%	10.8%	1.3%	1.5%	1.4%	24.9%	13.4%	($278,209)
400044	San Luke's Memorial Hospital Inc	5,639	40.1%	9.4%	0.8%	1.8%	1.5%	25.5%	13.0%	($477,110)
050780	Foothill Regional Medical Center	1,193	38.7%	7.2%	3.8%	1.8%	2.5%	30.0%	20.4%	($245,297)
330086	Montefiore Mount Vernon Hospital	1,102	38.3%	11.4%	1.3%	1.7%	1.5%	27.0%	19.2%	($380,917)
400118	Doctors' Center Hospital, Inc	4,569	38.1%	13.4%	0.6%	1.0%	0.9%	24.0%	8.8%	($403,816)
400079	Hosp Comunitario Buen Samaritano	1,252	35.9%	8.6%	0.3%	6.6%	4.2%	21.0%	14.2%	($135,724)
050030	Oroville Hospital	5,694	34.2%	2.9%	0.4%	0.2%	0.3%	27.9%	20.7%	($3,117,228)
260085	St Joseph Medical Center	4,060	33.7%	10.4%	6.8%	2.3%	4.0%	30.5%	26.1%	($1,735,392)
050245	Arrowhead Regional Medical Center	2,946	33.7%	10.9%	1.2%	2.1%	1.8%	23.8%	15.1%	($405,287)
450851	Baylor Scott And White Heart And Vascular Hospital	1,620	33.3%	13.2%	4.1%	1.3%	2.3%	25.5%	16.2%	($138,195)
390290	Hahnemann University Hospital	5,996	33.1%	10.8%	3.7%	2.8%	3.2%	22.7%	15.9%	($606,965)
330201	Kingsbrook Jewish Medical Center	3,474	32.9%	8.3%	8.1%	5.8%	7.1%	22.3%	20.7%	($433,476)
330202	Kings County Hospital Center	3,400	32.7%	11.2%	2.6%	2.3%	2.4%	22.3%	15.0%	($384,694)
330350	University Hospital Of Brooklyn (Downstate)	4,007	32.6%	14.7%	1.6%	2.1%	1.9%	25.0%	17.9%	($782,959)
050736	Monterey Park Hospital	1,176	32.0%	9.3%	0.7%	2.2%	1.7%	21.9%	13.0%	($217,854)
400016	Auxilio Mutuo Hospital	8,180	31.3%	16.3%	1.3%	1.3%	1.3%	24.3%	15.2%	($910,119)
250082	Delta Regional Medical Center	2,787	31.3%	17.4%	0.8%	3.7%	2.4%	25.9%	18.9%	($899,167)

Get your own data at https://tinyurl.com/yxu2vzow

Analysis courtesy of CDIMD and CDIMD Tracker. https://www.cdimd.com/cdimd-tracker-redux

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Not All Is Bad
RW Changes Are Revenue Neutral

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MS-DRG MCC - CC SHIFTS
FY2020 IPPS Proposed Rule

(855) MY-CDI-M
info@cdimd.co

Prov #	Hospital Name	At Risk DRGs	MCC Shift Down	CC Shift Down	CC Shift Up	WO CC UP	Shifts Up	Shifts Down	Total shifts	TM $ Impact
390065	Gettysburg Hospital	2,646	6.8%	14.2%	4.9%	3.9%	4.3%	10.1%	9.3%	$225,946
150158	Iu Health West Hospital	3,608	6.8%	13.1%	5.1%	4.3%	4.7%	9.1%	9.0%	$306,762
150006	La Porte Hospital	2,128	6.8%	12.7%	2.8%	3.3%	3.1%	8.9%	7.9%	$116,154
060125	Castle Rock Adventist Hospital	1,203	6.7%	10.2%	3.2%	1.7%	2.3%	8.2%	6.6%	$124,188
080007	Beebe Medical Center	6,429	6.7%	16.4%	1.9%	1.7%	1.8%	10.9%	7.7%	$297,449
110051	Union General Hospital	1,274	6.7%	13.7%	7.2%	4.7%	5.8%	10.4%	10.4%	$180,267
310084	Monmouth Medical Center-Southern Campus	2,219	6.7%	12.3%	2.0%	2.2%	2.1%	8.7%	7.7%	$178,438
410013	Westerly Hospital	1,232	6.7%	12.8%	2.7%	1.8%	2.3%	9.1%	8.2%	$135,011
070021	Windham Comm Mem Hosp & Hatch Hosp	1,664	6.7%	13.9%	1.6%	1.4%	1.5%	9.0%	7.2%	($22,322)
220105	Winchester Hospital	4,634	6.7%	16.9%	1.1%	1.4%	1.3%	10.4%	7.4%	$116,026
360121	Community Hospitals And Wellness Centers	1,051	6.6%	16.9%	3.7%	2.0%	2.8%	11.7%	9.2%	$57,486
230080	Mclaren Central Michigan	1,396	6.6%	17.8%	3.1%	2.4%	2.7%	10.1%	8.7%	$3,620
100140	Baptist Medical Center - Nassau	1,838	6.6%	12.0%	4.3%	4.5%	4.5%	9.2%	8.2%	$276,247
100209	Kendall Regional Medical Center	8,292	6.6%	7.7%	3.9%	2.5%	3.1%	7.0%	6.4%	$336,526
030114	Oro Valley Hospital	3,533	6.6%	12.0%	1.8%	1.2%	1.4%	8.9%	5.8%	$177,165
220001	Health Alliance - Clinton Hospital	3,527	6.6%	8.9%	2.8%	3.2%	3.0%	7.5%	7.1%	$155,347
220065	Baystate Noble Hospital	1,263	6.6%	10.3%	2.7%	3.0%	2.9%	8.0%	7.0%	$36,463
520011	Marshfield Medical Center - Rice Lake	1,097	6.6%	14.4%	2.5%	2.8%	2.7%	11.0%	8.3%	$71,996
240075	Essentia Health St Joseph's Medical Center	2,768	6.5%	14.7%	7.7%	4.1%	5.6%	9.7%	9.7%	$308,023

Some hospitals will have only a slight impact; many are paid more.

CDIMD analysis demonstrates that, overall, these changes are revenue neutral among all US hospitals

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DRGs with the Most Downgrades

DRG	V36 Cases	V37 Cases	V37 Title	CC/MCC Status	V36	V37	V37-V36 Change
847	12379	6736	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	CC3	78.30%	42.60%	-35.70%
255	2263	953	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	MCC3	48.61%	20.48%	-28.14%
129	2088	1280	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	CCMCC2	66.12%	40.53%	-25.59%
837	1977	1014	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	MCC3	48.66%	24.87%	-23.79%
252	35049	17724	OTHER VASCULAR PROCEDURES W MCC	MCC3	48.07%	24.32%	-23.75%
734	887	559	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	CCMCC2	62.03%	39.09%	-22.94%
239	9707	5709	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	MCC3	51.73%	30.43%	-21.30%
582	644	382	MASTECTOMY FOR MALIGNANCY W CC/MCC	CCMCC2	48.28%	28.64%	-19.64%
737	2551	1825	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	CC3	68.06%	48.69%	-19.37%
740	2345	1468	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	CC3	51.13%	32.02%	-19.12%
673	11276	8093	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	MCC3	61.53%	43.82%	-17.71%
640	71796	43647	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	MCC2	44.64%	27.13%	-17.51%
339	65	50	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	CC3	74.71%	57.47%	-17.24%

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Increase In Volume of DRGs W/O CC/MCC and W/CC

DRG	Cases V36	Cases V37	V37 Title	CC/MCC Status	V36	V37	V36-V37 Change
848	279	7095	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	WOCCMCC3	1.76%	44.87%	43.11%
256	2190	3456	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	CC3	47.05%	74.26%	27.21%
130	1070	1878	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	WOCCMCC2	33.88%	59.47%	25.59%
735	543	871	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	WOCCMCC2	37.97%	60.91%	22.94%
838	1172	2075	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	CC3	28.85%	50.88%	22.04%
741	1723	2672	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	WOCCMCC3	37.57%	58.28%	20.71%
738	542	1295	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	WOCCMCC3	14.46%	34.55%	20.09%
240	8191	11900	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	CC3	43.65%	63.44%	19.78%
253	25678	40039	OTHER VASCULAR PROCEDURES W CC	CC3	35.22%	54.93%	19.71%
583	690	952	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	WOCCMCC2	51.72%	71.36%	19.64%
468	18421	26846	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	WOCCMCC3	40.88%	59.58%	18.70%
379	17535	55747	G.I. HEMORRHAGE W/O CC/MCC	WOCCMCC3	8.12%	25.86%	17.75%
641	89045	117233	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	WOMCC2	55.36%	72.87%	17.51%

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Deep Dive Into the Changes

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Presence of Malignancy

- CMS is proposing removing 767 malignancy codes serving as CCs from the CC/MCC list
  - Includes all leukemias or multiple myelomas as initial diagnoses and relapse
  - Includes all metastatic cancers, including brain
- CC/MCC status, therefore, must depend on what that cancer is doing to the patient, such as:
  - Cerebral edema due to brain metastasis (MCC)
  - Malnutrition or cachexia (CC or MCC)
  - NOTE – some consequences of cancer, such as brain herniation and hypercoagulable states, are being removed from MCC or CC list – see future slides

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Analysis Method for CC/MCC determination Based on CMS Analysis of MedPAR

- Sort inpatient encounters into the following cohorts based on the proposed code
  1. Patients with no other secondary diagnosis or with all other secondary diagnoses that are non-CCs.
  2. Patients with at least one other secondary diagnosis that is a CC but none that is an MCC.
  3. Patients with at least one other secondary diagnosis that is an MCC.
- Assign impact values for each group interpreted as follows:

Value	Meaning
0	Significantly below expected value for the non-CC subgroup
1	Approximately equal to expected value for the non-CC subgroup
2	Approximately equal to expected value for the CC subgroup
3	Approximately equal to expected value for the MCC subgroup
4	Significantly above the expected value for the MCC subgroup

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Representative Examples With Various Neoplasms

Proposed Severity Level Changes for Neoplasm Codes as Secondary Diagnosis								
ICD-10-CM Diagnosis Code	Cnt1	C1	Cnt2	C2	Cnt3	C3	Current CC Subclass	Proposed CC Subclass
C20 (Malignant neoplasm of rectum)	2,960	1.0485	7,561	2.2169	6,492	3.0790	CC	Non-CC
C22.0 (Liver cell carcinoma)	1,672	1.2289	9,444	2.0638	12,503	3.0914	CC	Non-CC
C25.0 (Malignant neoplasm of head of pancreas)	1,205	1.1357	3,834	2.1788	6,191	3.0229	CC	Non-CC

- C1 does not move the relative weight from a 1 to near a 2, thus should not be a CC
- C2 and C3 are around 2.0 and 3.0 respectively; thus confirming the lack of CC impact

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Representative Samples Speaker Cannot Find List for All Analyses for CA

Proposed Severity Level Changes for Neoplasm Codes as Secondary Diagnosis								
ICD-10-CM Diagnosis Code	Cnt1	C1	Cnt2	C2	Cnt3	C3	Current CC Subclass	Proposed CC Subclass
C64.1 (Malignant neoplasm of right kidney, except renal pelvis)	1,512	1.2276	4,463	2.1600	4,593	3.1158	CC	Non-CC
C64.2 (Malignant neoplasm of left kidney, except renal pelvis)	1,368	1.3407	4,517	2.1947	4,593	3.0947	CC	Non-CC
C78.01 (Secondary malignant neoplasm of right lung)	4,149	1.0417	14,946	2.0888	20,324	3.0043	CC	Non-CC
C78.02 (Secondary malignant neoplasm of left lung)	3,599	1.0078	13,456	2.0853	18,384	3.0024	CC	Non-CC

C1 < 1.34

C2 < 2.1

C3 < 3.1

Demonstrates that these conditions do not add cost c/w CC or MCC

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Viral Gastroenteritis and Colitis
Need for Specificity of the Virus

FY2019	Title	FY2019	FY2020 P	Δ
A080	Rotaviral enteritis	CC	CC	
A0811	Acute gastroenteropathy due to Norwalk agent	CC	CC	
A0819	Acute gastroenteropathy due to other small round viruses	CC	CC	
A082	Adenoviral enteritis	CC	CC	
A0831	Calicivirus enteritis	CC	CC	
A0832	Astrovirus enteritis	CC	CC	
A0839	Other viral enteritis	CC	CC	
A084	Viral intestinal infection, unspecified			
A088	Other specified intestinal infections			
A09	**Infectious gastroenteritis and colitis, unspecified**	**CC**	**Non-CC**	**Y**

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Specific Bacterial Enteritis
Most Remain CCs; Candida is a New MCC

FY2019	Title	FY2019	FY2020P	Δ
A020	Salmonella enteritis	CC	CC	
A045	Campylobacter enteritis	CC	CC	
A046	Enteritis due to Yersinia enterocolitica	CC	CC	
A0471	Enterocolitis due to Clostridium difficile, recurrent	CC	CC	
A0472	Enterocolitis due to Clostridium difficile, not specified as recurrent	CC	CC	
A062	Amebic nondysenteric colitis	CC	CC	
A080	Rotaviral enteritis	CC	CC	
A082	Adenoviral enteritis	CC	CC	
A0831	Calicivirus enteritis	CC	CC	
A0832	Astrovirus enteritis	CC	CC	
A0839	Other viral enteritis	CC	CC	
A088	Other specified intestinal infections			
A09	**Infectious gastroenteritis and colitis, unspecified**	**CC**	**Non-CC**	**Y**
A1832	Tuberculous enteritis	CC	CC	
B3782	**Candidal enteritis**	**CC**	**MCC**	**Y**

CDIMD PHYSICIAN CHAMPIONS

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Candida Enteritis and Esophagitis
New MCCs

FY2019	Title	FY2019	FY2020P	Δ
B370	Candidal stomatitis	CC	CC	
B371	Pulmonary candidiasis	MCC	MCC	
B372	Candidiasis of skin and nail			
B373	Candidiasis of vulva and vagina			
B3741	Candidal cystitis and urethritis	CC	CC	
B3742	Candidal balanitis			
B3749	Other urogenital candidiasis	CC	CC	
B375	Candidal meningitis	MCC	MCC	
B376	Candidal endocarditis	MCC	MCC	
B377	Candidal sepsis	MCC	MCC	
B3781	**Candidal esophagitis**	**CC**	**MCC**	**Y**
B3782	**Candidal enteritis**	**CC**	**MCC**	**Y**
B3783	Candidal cheilitis	CC	CC	
B3784	Candidal otitis externa	CC	CC	
B3789	Other sites of candidiasis	CC	CC	
B379	Candidiasis, unspecified			

CDIMD PHYSICIAN CHAMPIONS

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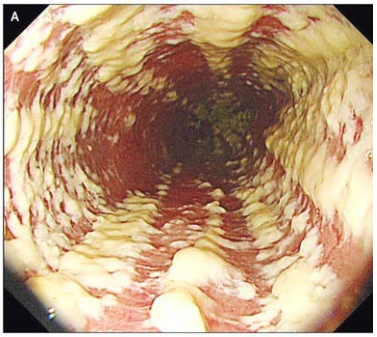
Candida Esophagitis
Now a MCC



Nystatin ineffective; however, if prescribed, treats Candida stomatitis

- Symptoms
  - Pain with swallowing
  - May have weight loss
  - May have oral thrush
  - Occurs in immunocompromised hosts
- Treatment
  - Fluconazole (Diflucan) x 21 days
  - Other oral triazoles, such as itraconazole
  - Caspofungin or amphotericin in refractory or systemic cases

CDIMD PHYSICIAN CHAMPIONS

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Candida Enteritis – EXTREMELY RARE
Must Be Differentiated from Candida Colonization

Candida kefyr fungal enteritis following autologous BMT

S Direkze, M Mansour, M Rodriguez-Justo, C Kibbler, V Gant & K S Peggs

Bone Marrow Transplantation **47**, 465–466 (2012) | Download Citation

Seen in severely immune compromised patients

Candida kefyr, previously known as *Candida pseudotropicalis*, is an

Antibiotic-induced alterations in taurocholic acid levels promote gastrointestinal colonization of *Candida albicans*

Jack Guinan, Shankar Thangamani

FEMS Microbiology Letters, Volume 365, Issue 18, September 2018, fny196, https://doi.org/10.1093/femsle/fny196

Published: 03 August 2018 **Article history**

CDIMD PHYSICIAN CHAMPIONS

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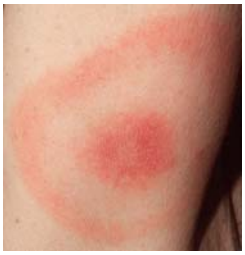
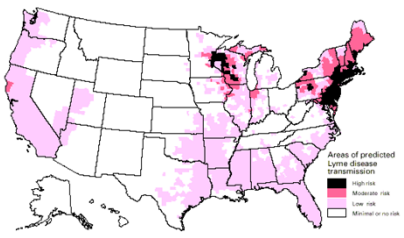
Lyme Disease – Unspecified Loses CC Status
Need for Specificity

FY2019	Title	FY2019	FY2020 P	Δ
A6920	Lyme disease, unspecified	CC	Non-CC	Y
A6921	Meningitis due to Lyme disease	CC	CC	
A6922	Other neurologic disorders in Lyme disease	CC	CC	
A6923	Arthritis due to Lyme disease	CC	CC	
A6929	Other conditions associated with Lyme disease	CC	CC	





CDI must differentiate "history of Lyme" versus "presence of Lyme disease" + its manifestations

CDIMD PHYSICIAN CHAMPIONS

56

Myelodysplastic Syndrome Removed From CC List

FY2019	Title	FY2019	FY2020P	Δ
D460	Refractory anemia without ring sideroblasts, so stated			
D461	Refractory anemia with ring sideroblasts			
D4620	Refractory anemia with excess of blasts, unspecified			
D4621	Refractory anemia with excess of blasts 1			
D4622	**Refractory anemia with excess of blasts 2**	**CC**	**Non-CC**	**Y**
D46A	Refractory cytopenia with multilineage dysplasia			
D46B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts			
D46C	**Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality**	**CC**	**Non-CC**	**Y**
D464	Refractory anemia, unspecified			
D46Z	Other myelodysplastic syndromes			
D469	Myelodysplastic syndrome, unspecified			

Myelodysplastic syndromes are a group of clonal myeloid neoplasms characterized by ineffective hematopoiesis that present clinically as cytopenia(s), dysplasia in one or more hematopoietic cell lines in the bone marrow, and risk of transformation to acute myeloid leukemia (AML).

CDIMD PHYSICIAN CHAMPIONS

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Pancytopenia (a CC) "with" Myelodysplastic Syndrome Cannot Be Coded According to ICD-10-CM Index

Pancytopenia (acquired) D61.818
- with
- - malformations D61.09
- - myelodysplastic syndrome -*see* Syndrome, myelodysplastic
- antineoplastic chemotherapy induced D61.810
- congenital D61.09
- drug-induced NEC D61.811

- The term "with" or "in" used in the Index or Table automatically "links" conditions together unless the physician explicitly "delinks" them and attributes the condition to another cause
- Another cause would have to be listed for pancytopenia to be coded.

CDIMD PHYSICIAN CHAMPIONS

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Other Withdrawals

FY2019	Title	FY2019	FY2020P	Δ
D4701	Cutaneous mastocytosis	CC	Non-CC	Y
D4702	Systemic mastocytosis	CC	Non-CC	Y
D4709	Other mast cell neoplasms of uncertain behavior	CC	Non-CC	Y
D471	Chronic myeloproliferative disease	CC	Non-CC	Y
D472	Monoclonal gammopathy			
D473	Essential (hemorrhagic) thrombocythemia			
D474	Osteomyelofibrosis			
D47Z1	Post-transplant lymphoproliferative disorder (PTLD)	CC	Non-CC	Y
D47Z2	Castleman disease	CC	Non-CC	Y
D47Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue	CC	Non-CC	Y
D479	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified	CC	Non-CC	Y

CDIMD PHYSICIAN CHAMPIONS

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Sickle Cell Disease
Many (but not all) Removed From CC/MCC List

FY2019	Title	FY2019	FY2020P
D5700	Hb-SS disease with crisis, unspecified	MCC	Non-CC
D5701	Hb-SS disease with acute chest syndrome	MCC	Non-CC
D5702	Hb-SS disease with splenic sequestration	MCC	Non-CC
D571	Sickle-cell disease without crisis		
D5720	Sickle-cell/Hb-C disease without crisis		
D57211	Sickle-cell/Hb-C disease with acute chest syndrome	MCC	Non-CC
D57212	**Sickle-cell/Hb-C disease with splenic sequestration**	**MCC**	**MCC**
D57219	Sickle-cell/Hb-C disease with crisis, unspecified	MCC	Non-CC
D573	Sickle-cell trait		
D5740	Sickle-cell thalassemia without crisis		
D57411	Sickle-cell thalassemia with acute chest syndrome	MCC	Non-CC
D57412	**Sickle-cell thalassemia with splenic sequestration**	**MCC**	**MCC**
D57419	Sickle-cell thalassemia with crisis, unspecified	MCC	Non-CC
D5780	Other sickle-cell disorders without crisis		
D57811	Other sickle-cell disorders with acute chest syndrome	MCC	Non-CC
D57812	Other sickle-cell disorders with splenic sequestration	MCC	Non-CC
D57819	Other sickle-cell disorders with crisis, unspecified	MCC	Non-CC

Somehow, splenic sequestration with SC and Sickle-thal disease left in. For consistency sake, probably should be removed as well.

CDIMD PHYSICIAN CHAMPIONS

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Acute Chest Syndrome (ACS)

- **Second most frequent reason for hospitalization and most common cause of death**
- Clinically resembles pneumonia
  - Children usually have fever, cough, dyspnea, and new infiltrate on CXR (typically upper or middle lobe)
- Can develop during hospitalization for an occlusive crisis, or after a surgical procedure - especially one involving the abdomen
- Generally improves within several days but may rapidly progress to respiratory failure and/or multisystem organ failure
- May result from:
  - Infection (viral, bacterial, chlamydia, mycoplasma)
  - Bone marrow fat embolism
  - intrapulmonary aggregates of sickled cells
  - Atelectasis
  - Pulmonary edema
  - Idiopathic: specific cause or inciting factor is not apparent
- No distinctive laboratory findings
- Treatment includes:
  - Broad spectrum antibiotics
  - Oxygen
  - Blood Transfusions

National Heart, Lung, and Blood Institute expert panel report 2014
http://www.nhlbi.nih.gov/sites/www.nhlbi.nih.gov/files/sickle-cell-disease-report.pdf

CDIMD PHYSICIAN CHAMPIONS

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Acute Chest Syndrome Causes

TABLE 4. CAUSES OF THE ACUTE CHEST SYNDROME.*

CAUSE	ALL EPISODES (N=670)	AGE AT EPISODE OF ACUTE CHEST SYNDROME		
		0–9 YR (N=329)	10–19 YR (N=188)	≥20 YR (N=153)
		no. of episodes (%)		
Fat embolism, with or without infection†	59 (8.8)	24	16	19
Chlamydia‡	48 (7.2)	19	15	14
Mycoplasma§	44 (6.6)	29	7	8
Virus	43 (6.4)	36	5	2
Bacteria	30 (4.5)	13	5	12
Mixed infections	25 (3.7)	16	6	3
Legionella	4 (0.6)	3	0	1
Miscellaneous infections¶	3 (0.4)	0	3	0
Infarction‖	108 (16.1)	50	43	15
Unknown**	306 (45.7)	139	88	79

N Engl J Med 2000; 342:1855-1865 -https://www.ncbi.nlm.nih.gov/pubmed/10861320

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Splenic Sequestration

- Acute Splenic Sequestration Crisis (ASSC) may be defined by a decrease of at least 2 g/dL from the steady-state hemoglobin concentration, evidence of increased erythropoiesis such as a markedly elevated reticulocyte count, and an acutely enlarging spleen
  - More than likely there is no other diagnosis that replaces this CC lost
  - "Precipitous drop in hematocrit" may serve as a CC if it remains after the IPPS rule is implemented; however, there is an Excludes1 with all forms of anemia

CDIMD PHYSICIAN CHAMPIONS

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Acute Blood Loss Anemia Removed From CC List

While some may be tempted to use R71.0 (which remains a CC) as a substitute for ABLA, there is an Excludes1 note prohibiting its assignment in the setting of most anemias.

A fundamental strategy that requires CDI's attention

R71 Abnormality of red blood cells

Excludes1: anemias (D50-D64)
anemia of premature infant (P61.2)
benign (familial) polycythemia (D75.0)
congenital anemias (P61.2-P61.4)
newborn anemia due to isoimmunization (P55.-)
polycythemia neonatorum (P61.1)
polycythemia NOS (D75.1)
polycythemia vera (D45)
secondary polycythemia (D75.1)

R71.0 Precipitous drop in hematocrit
Drop (precipitous) in hemoglobin
Drop in hematocrit

CDIMD PHYSICIAN CHAMPIONS

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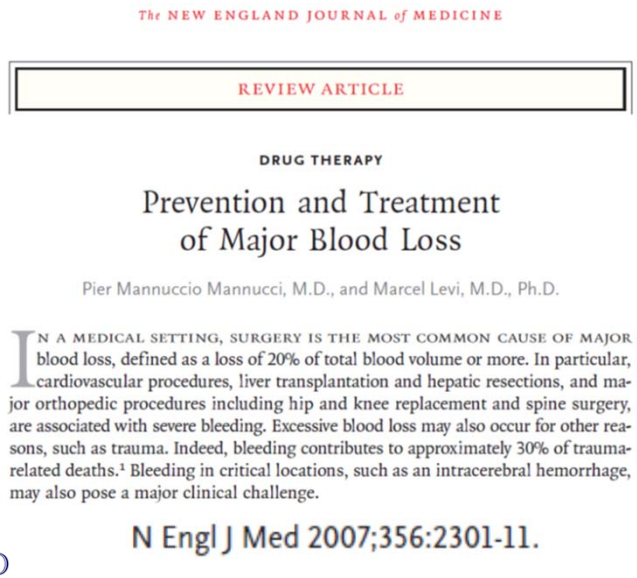
Attention To The Literature



The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

DRUG THERAPY

Prevention and Treatment of Major Blood Loss

Pier Mannuccio Mannucci, M.D., and Marcel Levi, M.D., Ph.D.

IN A MEDICAL SETTING, SURGERY IS THE MOST COMMON CAUSE OF MAJOR blood loss, defined as a loss of 20% of total blood volume or more. In particular, cardiovascular procedures, liver transplantation and hepatic resections, and major orthopedic procedures including hip and knee replacement and spine surgery, are associated with severe bleeding. Excessive blood loss may also occur for other reasons, such as trauma. Indeed, bleeding contributes to approximately 30% of trauma-related deaths.[1] Bleeding in critical locations, such as an intracerebral hemorrhage, may also pose a major clinical challenge.

N Engl J Med 2007;356:2301-11.

CDIMD PHYSICIAN CHAMPIONS

65

Alternatives to ABLA
"Drug-induced Hemorrhage Disorder"

- **Question:** What is the code assignment for duodenal ulcer with hemorrhage due to Coumadin therapy, initial encounter?
  - Is D68.32, Hemorrhagic disorder due to extrinsic circulating anticoagulant, assigned for bleeding that is due to anticoagulation therapy?
- **Answer:** Assign codes K26.4, Chronic or unspecified duodenal ulcer with hemorrhage, **D68.32, Hemorrhagic disorder due to extrinsic circulating anticoagulant, and T45.515-, Adverse effect of anticoagulants.**
  - Depending on the circumstances of the admission, it may be appropriate to sequence either K26.4 or D68.32 as the principal or first listed diagnosis.

Coding Clinic, First Quarter 2016 Page: 14

CDIMD PHYSICIAN CHAMPIONS

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Bleeding due to Coumadin Therapy "Drug-induced Hemorrhage Disorder

- **Question:** Should bleeding due to therapeutic anticoagulant be coded as a hemorrhagic disorder (category D68)?
- **Answer:** **For the most part,** "hemorrhagic disorder" or "coagulation defects" must be specifically diagnosed and documented by the provider, in order to assign codes at category D68, Other coagulation defects.
  - **However,** for bleeding such as hemoptysis, hematuria, hematemesis, hematochezia, etc., that is associated with a drug, as part of anticoagulation therapy, assign code D68.32, Hemorrhagic disorder due to extrinsic circulating anticoagulants. Coding Clinic, First Quarter 2016 Page: 14

CDIMD PHYSICIAN CHAMPIONS

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D68.32 Also Applies to Antiplatelet Agents

- Question: This patient underwent an emergency ileocecectomy.
  - The patient's stay was complicated by postoperative coagulopathy and intra-abdominal hemorrhage due to prasugrel and aspirin taken as prescribed prior to admission.
  - **What is the appropriate code for the acquired coagulopathy secondary to prasugrel and aspirin?**
- Answer: Assign code D68.32, Hemorrhagic disorder due to extrinsic circulating anticoagulants, along with other codes

CDIMD PHYSICIAN CHAMPIONS

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GI Bleeding With Adverse Effect of Anticoagulant Percentage Of Cases with D68.32

Hospital Name	City	ST	Cht	GI Bleed on Anticoagulants w/D68.32-Ratio
SAINT THOMAS WEST HOSPITAL	Nashville	TN	02	9.4%
VANDERBILT UNIVERSITY HOSPITAL	Nashville	TN	02	5.3%
COOKEVILLE REGIONAL MEDICAL CENTER	Cookeville	TN	02	3.6%
MEMORIAL HEALTHCARE SYSTEM, INC	Chattanooga	TN	02	3.3%
ERLANGER MEDICAL CENTER	Chattanooga	TN	02	2.8%
TENNOVA HEALTHCARE	Knoxville	TN	02	2.7%
PARKRIDGE MEDICAL CENTER	Chattanooga	TN	02	2.6%
BAPTIST MEMORIAL HOSPITAL	Collierville	TN	02	2.5%
SAINT THOMAS RUTHERFORD HOSPITAL	Murfreesboro	TN	02	2.5%
METHODIST HEALTHCARE MEMPHIS HOSPITALS	Memphis	TN	02	1.1%
WELLMONT HOLSTON VALLEY MEDICAL CENTER	Kingsport	TN	02	1.0%
TRISTAR SKYLINE MEDICAL CENTER	Madison	TN	02	1.0%
PARKWEST MEDICAL CENTER	Knoxville	TN	02	0.9%
WELLMONT BRISTOL REGIONAL MEDICAL CENTER	Bristol	TN	02	0.7%
JACKSON-MADISON COUNTY GENERAL HOSPITAL	Jackson	TN	02	0.6%
TRISTAR CENTENNIAL MEDICAL CENTER	Nashville	TN	02	0.6%
THE UNIVERSITY OF TN MEDICAL CENTER	Knoxville	TN	02	0.0%
JOHNSON CITY MEDICAL CENTER	Johnson City	TN	02	0.0%
FORT SANDERS REGIONAL MEDICAL CENTER	Knoxville	TN	02	0.0%

Source: CDIMDTracker, available at http://www.cdimdtracker.com

CDIMD PHYSICIAN CHAMPIONS

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Qualitative Platelet Defects and HIT New CC

FY2019	Title	FY2019	FY2020P	Δ
D690	Allergic purpura	CC	CC	
D691	**Qualitative platelet defects**		**CC**	**Y**
D692	Other nonthrombocytopenic purpura			
D693	Immune thrombocytopenic purpura	CC	CC	
D6941	Evans syndrome	CC	CC	
D6942	Congenital and hereditary thrombocytopenia purpura	CC	CC	
D6949	Other primary thrombocytopenia			
D6951	Posttransfusion purpura			
D6959	Other secondary thrombocytopenia			
D696	Thrombocytopenia, unspecified			
D7582	**Heparin induced thrombocytopenia (HIT)**		**CC**	**Y**
D699	Hemorrhagic condition, unspecified			

D69.1 Qualitative platelet defects

Bernard-Soulier [giant platelet] syndrome
Glanzmann's disease
Grey platelet syndrome
Thromboasthenia (hemorrhagic) (hereditary)
Thrombocytopathy

Excludes1: von Willebrand's disease (D68.0)

Caution offered since any "thrombopathy" due to anti-platelet agents is not a disease.

This code should NOT, in the author's opinion, be considered a CDI strategy.

The previous D68.32 strategy is preferred.

CDIMD PHYSICIAN CHAMPIONS

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Hypercoagulable States
All Are Being Deleted

Table 6P.1c- List of ICD-10-CM diagnosis codes with proposed severity level changes

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
D68.51	Activated protein C resistance	CC	Non-CC
D68.52	Prothrombin gene mutation	CC	Non-CC
D68.59	Other primary thrombophilia	CC	Non-CC
D68.61	Antiphospholipid syndrome	CC	Non-CC
D68.62	Lupus anticoagulant syndrome	CC	Non-CC
D68.69	**Other thrombophilia**	**CC**	**Non-CC**

V36 DRG	Cases	V37 DRG	Cases	V37 Title	CC/MCC Status	V36	V37	V37-V36 Change
299	17902	299	13776	PERIPHERAL VASCULAR DISORDERS W MCC	MCC3	32.30%	24.87%	-7.43%
300	28734	300	29996	PERIPHERAL VASCULAR DISORDERS W CC	CC3	51.84%	54.15%	2.30%
301	8787	301	11627	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	WOCCMCC3	15.85%	20.99%	5.13%

CDIMD PHYSICIAN CHAMPIONS

71

Drug-Induced Pancytopenia – Now a CC
Unspecified Aplastic Anemia – No CC

FY2019	Title	FY2019	FY2020P	Δ
D6101	Constitutional (pure) red blood cell aplasia	CC	CC	
D6109	Other constitutional aplastic anemia	CC	CC	
D611	Drug-induced aplastic anemia	MCC	MCC	
D612	Aplastic anemia due to other external agents	MCC	MCC	
D613	Idiopathic aplastic anemia	MCC	MCC	
D61810	**Antineoplastic chemotherapy induced pancytopenia**	**MCC**	**CC**	**Y**
D61811	**Other drug-induced pancytopenia**	**MCC**	**CC**	**Y**
D61818	Other pancytopenia	CC	CC	
D6182	Myelophthisis	CC	CC	
D6189	Other specified aplastic anemias and other bone marrow failure syndromes	MCC	MCC	
D619	**Aplastic anemia, unspecified**	**CC**	**Non-CC**	**Y**

- "Aplastic anemia" is a misnomer, given that it presents with pancytopenia
- Diagnosis requires a fatty bone marrow and studies to determine its underlying causes - https://www.nejm.org/doi/full/10.1056/NEJMra1413485
- "Myelosuppression" ≠ "Myeloid Aplasia"

CDIMD PHYSICIAN CHAMPIONS

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Pancytopenia Standardized to All CCs (x Neonate)
D61 Cannot Be Coded with D70, Neutropenia

Table 6P.1c- List of ICD-10-CM diagnosis codes with proposed severity level changes

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
D61.810	Antineoplastic chemotherapy induced pancytopenia	MCC	CC
D61.811	Other drug-induced pancytopenia	MCC	CC
D70.0	Congenital agranulocytosis	N	CC
D70.1	Agranulocytosis secondary to cancer chemotherapy	N	CC
D70.2	Other drug-induced agranulocytosis	N	CC
D70.3	Neutropenia due to infection	N	CC
D70.4	Cyclic neutropenia	N	CC
D70.8	Other neutropenia	N	CC
D70.9	Neutropenia, unspecified	N	CC
P615	Transient neonatal neutropenia	MCC	MCC

D61 Other aplastic anemias and other bone marrow failure syndromes

Excludes1: neutropenia (D70.-)

The physician must establish that the pancytopenia is "unrelated" to neutropenia as to negate the Excludes1 rule

CDIMD PHYSICIAN CHAMPIONS

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Excludes1 Note – Which Ones to Exclude?
Coding Clinic, 4th Quarter, 2018, pp 87-88

A type 1 Excludes note is a pure excludes note. It means "NOT CODED HERE!"

- An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note.
- An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

Example in Coding Clinic, 4th Quarter, 2018, pp. 87-88

I96 Gangrene, not elsewhere classified
Gangrenous cellulitis

Cannot be coded if the codes below assigned

Excludes1: gangrene in atherosclerosis of native arteries of the extremities (I70.26)
gangrene in hernia (K40.1, K40.4, K41.1, K41.4, K42.1, K43.1-, K44.1, K45.1, K46.1)
gangrene in other peripheral vascular diseases (I73.-)
gangrene of certain specified sites - see Alphabetical Index
gas gangrene (A48.0)
pyoderma gangrenosum (L88)

These are the preferred codes

Excludes2: gangrene in diabetes mellitus (E08-E13 with .52)

CDIMD PHYSICIAN CHAMPIONS

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Exception to the Excludes1 Rule

- **The rule** - 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 or not, query the provider.
- **The problem** – who defines if two conditions are not related to each other if not explicitly documented by the physician?
  - Payer computer programs highlight Excludes1 issues
  - CDI and coders must be able to rigorously defend their exceptions to the Excludes1 rule
  - NCHS should be approached to clean up problematic Excludes1 notations.

CDIMD PHYSICIAN CHAMPIONS 75

Euthyroid Sick Syndrome
A New CC

- A condition where serum thyroid hormones levels are low in *clinically euthyroid patients* with nonthyroidal systemic illness.
  - Diagnosis is based on excluding hypothyroidism.
  - Treatment is directed toward the underlying illness; thyroid hormone replacement is not indicated.
- The diagnostic dilemma is whether the patient has hypothyroidism or euthyroid sick syndrome.
  - The best test is measurement of TSH, which in euthyroid sick syndrome is low, normal, or slightly elevated but not as high as it would be in hypothyroidism.
  - Serum rT_3 is elevated, although this measurement is rarely done.
  - Serum cortisol is often elevated in euthyroid sick syndrome and low or low-normal in hypothyroidism due to pituitary-hypothalamic disease.

CDIMD PHYSICIAN CHAMPIONS 76

Diabetes Due to a Chemical or Drug With Impact

FY2019	Title	FY2019	FY2020P	Δ
E0900	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	MCC	MCC	
E0901	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma	MCC	MCC	
E0910	Drug or chemical induced diabetes mellitus with ketoacidosis without coma	MCC	MCC	
E0911	Drug or chemical induced diabetes mellitus with ketoacidosis with coma	MCC	MCC	
E0952	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	CC	CC	
E09641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma	MCC	MCC	
E0965	Drug or chemical induced diabetes mellitus with hyperglycemia		CC	Y
E0969	Drug or chemical induced diabetes mellitus with other specified complication		CC	Y
E098	Drug or chemical induced diabetes mellitus with unspecified complications		CC	Y
E099	Drug or chemical induced diabetes mellitus without complications		CC	Y

Uncertain as to why only drug or chemical induced diabetes is any different than the other types of diabetes

CDIMD PHYSICIAN CHAMPIONS

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Type 2 Hyperosmolality w/o Coma – no MCC
Type 2 Hyperosmolality w/ Coma - MCC

FY2019	Title	FY2019	FY2020P	Δ
E0800	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	MCC	MCC	
E0900	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	MCC	MCC	
E1100	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	MCC	Non-CC	Y
E1101	Type 2 diabetes mellitus with hyperosmolarity **with coma**	MCC	MCC	
E1300	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	MCC	MCC	
E1301	Other specified diabetes mellitus with hyperosmolarity with coma	MCC	MCC	

Note: The ICD-10-CM Index and Table do not have a code for Type 1 diabetes with hyperosmolality without diabetic ketoacidosis.

Not sure why Type 2 diabetes w/hyperosmolality is any different than the other types.

CDIMD PHYSICIAN CHAMPIONS

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Hypopituitarism Removed From CC List

FY2019	Title	FY2019	FY2020 P	Δ
E230	Hypopituitarism	CC	Non-CC	Y
E231	Drug-induced hypopituitarism			
E232	Diabetes insipidus	CC	CC	
E233	Hypothalamic dysfunction, not elsewhere classified			
E236	Other disorders of pituitary gland			
E237	Disorder of pituitary gland, unspecified			
E893	Postprocedural hypopituitarism			

- Hypopituitarism – there is no Excludes1 note for what axis is affected, thus if present and documented, it should be coded (e.g. Addisonian crisis)
- Diabetes insipidus, manifested by polyuria and hypernatremia, is not uncommon with pituitary disease or surgery

CDIMD PHYSICIAN CHAMPIONS

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Malnutrition Conundrum

FY2019 Code	Title	V36	V37
E40	Kwashiorkor	MCC	MCC
E41	Nutritional marasmus	MCC	MCC
E42	Marasmic kwashiorkor	MCC	CC
E43	Unspecified severe protein-calorie malnutrition	MCC	CC
E440	Moderate protein-calorie malnutrition	CC	MCC
E441	Mild protein-calorie malnutrition	CC	CC
E45	Retarded development following protein-calorie malnutrition	CC	CC
E46	Unspecified protein-calorie malnutrition	CC	CC

Clinical Characteristic	Malnutrition in the Context of Acute Illness or Injury: Nonsevere (Moderate) Malnutrition	Malnutrition in the Context of Acute Illness or Injury: Severe Malnutrition	Malnutrition in the Context of Chronic Illness: Nonsevere (Moderate) Malnutrition	Malnutrition in the Context of Chronic Illness: Severe Malnutrition
(1) Energy intake[1] Malnutrition is the result of inadequate food and nutrient intake or assimilation; thus, recent intake compared with estimated requirements	<75% of estimated energy requirement for >7 days	≤50% of estimated energy requirement for ≥5 days	<75% of estimated energy requirement for ≥1 month	≤75% of estimated energy requirement for ≥1 month

Note that ASPEN uses the category "nonsevere" with "moderate" in parentheses.

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GLIM - Requires 1 Phenotypic and 1 Etiologic Criteria Note that it is classified as Moderate or Severe

Weight loss (%)	Low body mass index (kg/m²)	Reduced muscle mass
Stage 1/Moderate Malnutrition (Requires 1 phenotypic criterion that meets this grade)	5–10% within the past 6 mo, or 10–20% beyond 6 mo	<20 if < 70 yr, <22 if ≥ 70 yr
Stage 2/Severe Malnutrition (Requires 1 phenotypic criterion that meets this grade)	>10% within the past 6 mo, or >20% beyond 6 mo	<18.5 if < 70 yr, <20 if ≥ 70 yr

Phenotypic Criteria[g]

Weight loss (%)	Low body mass index (kg/m²)	Reduced muscle mass[a]
>5% within past 6 months, or >10% beyond 6 months	<20 if < 70 years, or <22 if >70 years Asia: <18.5 if < 70 years, or <20 if >70 years	Reduced by validated body composition measuring techniques[a]

Etiologic Criteria[g]

Reduced food intake or assimilation[b,c]	Inflammation[d–f]
≤50% of ER > 1 week, or any reduction for >2 weeks, or any chronic GI condition that adversely impacts food assimilation or absorption[b,c]	Acute disease/injury[d,f] or chronic disease-related[e,f]

https://tinyurl.com/2018GLIMmalnutrition

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Fantastic Review Article To Cite!

Forum Article

HIMJ

Malnutrition definitions in clinical practice: To be E43 or not to be?

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Wendy Phillips, *MS, RD, CNSC, CLE, NWCC, FAND*[1],
Jennifer Doley, *MBA, RD, CNSC, FAND*[2],
Kelli Boi, *MS, RDN, CD*[3]

Abstract
Malnutrition is a disease that imposes a significant healthcare cost burden in the United States, especially when left undiagnosed and untreated for an extended period of time. This article discusses traditional malnutrition diagnostic criteria for adults and why registered dietitian nutritionists and physicians should no longer use these criteria to determine nutrition status. It concludes with the malnutrition clinical characteristics currently accepted in the United States and globally, with implications for practice. Clinical documentation specialists and medical coders can use this information to better interpret medical record documentation and assign the correct International Classification of Diseases, 10th Revision, Clinical Modification codes to the coding abstract.

Keywords (MeSH)
clinical coding; electronic clinical documentation; financial management; hospital; healthcare; health information management

Supplementary keywords
malnutrition; nutrition assessment; malnutrition coding; clinical coding; medical coding; nutrition diagnosis

https://journals.sagepub.com/doi/full/10.1177/1833358319852304

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Weight-Related Codes

FY2019 Code	Title	V36	V37
Z681	Body mass index (BMI) 19.9 or less, adult	CC	
Applicable codes	Body mass index (BMI) 20.0-39.9, adult		
Z6841	Body mass index (BMI) 40.0-44.9, adult	CC	
Z6842	Body mass index (BMI) 45.0-49.9, adult	CC	
Z6843	Body mass index (BMI) 50-59.9, adult	CC	CC
Z6844	Body mass index (BMI) 60.0-69.9, adult	CC	CC
Z6845	Body mass index (BMI) 70 or greater, adult	CC	CC
Z6851	Body mass index (BMI) pediatric, less than 5th percentile for age		
Z6852	Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age		
Z6853	Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age		
Z6854	Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age		

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Hemochromatosis Due to RBC Transfusions Hypophosphatemia Added

FY2019 Code	Title	V36	V37
E8300	Disorder of copper metabolism, unspecified		
E8301	Wilson's disease		
E8309	Other disorders of copper metabolism		
E8310	Disorder of iron metabolism, unspecified		
E83110	Hereditary hemochromatosis		
E83111	**Hemochromatosis due to repeated red blood cell transfusions**		**CC**
E83118	Other hemochromatosis		
E83119	Hemochromatosis, unspecified		
E8319	Other disorders of iron metabolism		
E832	Disorders of zinc metabolism		
E8330	Disorder of phosphorus metabolism, unspecified		
E8331	Familial hypophosphatemia		
E8332	Hereditary vitamin D-dependent rickets (type 1) (type 2)		
E8339	**Other disorders of phosphorus metabolism**		**CC**

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Phosphorus Metabolism

Hypophosphatemia, hypophosphatasia (acquired) (congenital) (renal) E83.39
- familial E83.31

E83.3 Disorders of phosphorus metabolism and phosphatases

Excludes1: adult osteomalacia (M83.-)
osteoporosis (M80.-)

E83.30 Disorder of phosphorus metabolism, unspecified

E83.31 Familial hypophosphatemia
Vitamin D-resistant osteomalacia
Vitamin D-resistant rickets

Excludes1: vitamin D-deficiency rickets (E55.0)

E83.32 Hereditary vitamin D-dependent rickets (type 1) (type 2)
25-hydroxyvitamin D 1-alpha-hydroxylase deficiency
Pseudovitamin D deficiency
Vitamin D receptor defect

E83.39 Other disorders of phosphorus metabolism
Acid phosphatase deficiency
Hypophosphatasia

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Hypophosphatemia

- Hypophosphatemia has numerous causes but clinically significant acute hypophosphatemia occurs in relatively few clinical settings, including the following:
  - The recovery phase of diabetic ketoacidosis
  - Acute alcoholism
  - Severe burns
  - When receiving TPN
  - Refeeding after prolonged undernutrition
  - Severe respiratory alkalosis
- Acute severe hypophosphatemia with serum phosphate < 1 mg/dL (< 0.32 mmol/L) is most often caused by transcellular shifts of phosphate often superimposed on chronic phosphate depletion.

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Hypocalcemia Now a New CC

FY2019 Code	Title	V36	V37
E8339	Other disorders of phosphorus metabolism		
E8340	Disorders of magnesium metabolism, unspecified		
E8341	Hypermagnesemia		
E8342	Hypomagnesemia		
E8349	Other disorders of magnesium metabolism		
E8350	Unspecified disorder of calcium metabolism		
E8351	Hypocalcemia		CC
E8352	Hypercalcemia		
E8359	Other disorders of calcium metabolism		
E8381	Hungry bone syndrome		
E8389	Other disorders of mineral metabolism		
E839	Disorder of mineral metabolism, unspecified		
E8339	Other disorders of phosphorus metabolism		

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Calcium Metabolism

E83.5 Disorders of calcium metabolism

Excludes1: chondrocalcinosis (M11.1-M11.2)
hungry bone syndrome (E83.81)
hyperparathyroidism (E21.0-E21.3)

E83.50 Unspecified disorder of calcium metabolism

E83.51 Hypocalcemia

E83.52 Hypercalcemia
Familial hypocalciuric hypercalcemia

E83.59 Other disorders of calcium metabolism

E83.8 Other disorders of mineral metabolism

E83.81 Hungry bone syndrome

E83.89 Other disorders of mineral metabolism

Reference Values

- <1 year: 8.7-11.0 mg/dL
- 1-17 years: 9.3-10.6 mg/dL
- 18-59 years: 8.6-10.0 mg/dL
- 60-90 years: 8.8-10.2 mg/dL
- >90 years: 8.2-9.6 mg/dL

Hungry bone syndrome is hypocalcemia that occurs after parathyroidectomy for hyperparathyroidism

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Calcium – Albumin Correction

- Because a significant portion of calcium is bound to albumin, **any alteration in the level of albumin will affect the measured level of calcium**.
  - A corrected calcium level based on the albumin level is: Corrected calcium (mg/dL) = measured total Ca (mg/dL) + 0.8 * (4.0 - serum albumin [g/dL]).
- For example, a patient has a serum calcium of 7.5 mg/dl in the setting of a serum albumin of 2.0 g/dl
  - A CDI may think that the serum calcium is low because it is less than 8.8 mg/dl; HOWEVER,
  - The corrected calcium level = 7.5 + (0.8*(4.0-2.0)) = 9.1 mg/dl, which is within normal limits.

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Psychiatric Conditions

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
F06.30	Mood disorder due to known physiological condition, unsp	N	**CC**
F06.31	Mood disorder due to known physiol cond w depressv features	N	**CC**
F06.4	Anxiety disorder due to known physiological condition	N	**CC**
F07.81	Postconcussional syndrome	N	**CC**
F09	Unsp mental disorder due to known physiological condition	N	**CC**
F10.19	Alcohol abuse with unspecified alcohol-induced disorder	CC	Non-CC
F10.99	Alcohol use, unsp with unspecified alcohol-induced disorder	CC	Non-CC
F14.20	Cocaine dependence, uncomplicated	CC	Non-CC
F22	Delusional disorders	N	**CC**
F28	Oth psych disorder not due to a sub or known physiol cond	N	**CC**
F29	Unsp psychosis not due to a substance or known physiol cond	N	**CC**

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Other Mental Disorders Due to a Physiological Condition

FY2019	Title	FY2019	FY2020P	Δ
F060	**Psychotic disorder with hallucinations due to known physiological condition**	**CC**	**CC**	
F061	Catatonic disorder due to known physiological condition			
F062	**Psychotic disorder with delusions due to known physiological condition**	**CC**	**CC**	
F0630	**Mood disorder due to known physiological condition, unspecified**		**CC**	**Y**
F0631	**Mood disorder due to known physiological condition with depressive features**		**CC**	**Y**
F0632	Mood disorder due to known physiological condition with major depressive-like episode			
F0633	Mood disorder due to known physiological condition with manic features			
F0634	Mood disorder due to known physiological condition with mixed features			
F064	**Anxiety disorder due to known physiological condition**		**CC**	**Y**
F068	Other specified mental disorders due to known physiological condition			

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Other Mental Health Conditions Due to a Known Physiological Condition

FY2019	Title	FY2019	FY2020P	Δ
F04	Amnestic disorder due to known physiological condition			
F05	**Delirium due to known physiological condition**	**CC**	**CC**	
F070	Personality change due to known physiological condition			
F0789	Other personality and behavioral disorders due to known physiological condition			
F079	Unspecified personality and behavioral disorder due to known physiological condition			
F09	**Unspecified mental disorder due to known physiological condition**		**CC**	**Y**
F28	**Other psychotic disorder not due to a substance or known physiological condition**		**CC**	**Y**
F29	**Unspecified psychosis not due to a substance or known physiological condition**		**CC**	**Y**
F5104	Psychophysiologic insomnia			
F5109	Other insomnia not due to a substance or known physiological condition			
F5119	Other hypersomnia not due to a substance or known physiological condition			
F518	Other sleep disorders not due to a substance or known physiological condition			
F519	Sleep disorder not due to a substance or known physiological condition, unspecified			
F525	Vaginismus not due to a substance or known physiological condition			
F526	Dyspareunia not due to a substance or known physiological condition			
F528	Other sexual dysfunction not due to a substance or known physiological condition			
F529	Unspecified sexual dysfunction not due to a substance or known physiological condition			
F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors			
F980	Enuresis not due to a substance or known physiological condition			
F981	Encopresis not due to a substance or known physiological condition			

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Bipolar-2 or Other Specified Bipolar Disorders Lose CC Status

FY2019	Title	FY2019	FY2020P	Δ
F310	Bipolar disorder, current episode hypomanic	CC	CC	
F3110	Bipolar disorder, current episode manic without psychotic features, unspecified	CC	CC	
F3111	Bipolar disorder, current episode manic without psychotic features, mild	CC	CC	
F3112	Bipolar disorder, current episode manic without psychotic features, moderate	CC	CC	
F3113	Bipolar disorder, current episode manic without psychotic features, severe	CC	CC	
F312	Bipolar disorder, current episode manic severe with psychotic features	CC	CC	
F3130	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified	CC	CC	
F3131	Bipolar disorder, current episode depressed, mild	CC	CC	
F3132	Bipolar disorder, current episode depressed, moderate	CC	CC	
F314	Bipolar disorder, current episode depressed, severe, without psychotic features	CC	CC	
F315	Bipolar disorder, current episode depressed, severe, with psychotic features	CC	CC	
F3160	Bipolar disorder, current episode mixed, unspecified	CC	CC	
F3161	Bipolar disorder, current episode mixed, mild	CC	CC	
F3162	Bipolar disorder, current episode mixed, moderate	CC	CC	
F3163	Bipolar disorder, current episode mixed, severe, without psychotic features	CC	CC	
F3164	Bipolar disorder, current episode mixed, severe, with psychotic features	CC	CC	
F3170	Bipolar disorder, currently in remission, most recent episode unspecified			
F3171	Bipolar disorder, in partial remission, most recent episode hypomanic			
F3172	Bipolar disorder, in full remission, most recent episode hypomanic			
F3173	Bipolar disorder, in partial remission, most recent episode manic			
F3174	Bipolar disorder, in full remission, most recent episode manic			
F3175	Bipolar disorder, in partial remission, most recent episode depressed			
F3176	Bipolar disorder, in full remission, most recent episode depressed			
F3177	Bipolar disorder, in partial remission, most recent episode mixed			
F3178	Bipolar disorder, in full remission, most recent episode mixed			
F3181	**Bipolar II disorder**	**CC**	**Non-CC**	**Y**
F3189	**Other bipolar disorder**	**CC**	**Non-CC**	**Y**
F319	Bipolar disorder, unspecified			

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Mild Major Depression Removed as a CC Unspecified Recurrent Major Depression Still a CC

FY2019	Title	FY2019	FY2020P	Δ
F320	**Major depressive disorder, single episode, mild**	**CC**	**Non-CC**	**Y**
F321	Major depressive disorder, single episode, moderate	CC	CC	
F322	Major depressive disorder, single episode, severe without psychotic features	CC	CC	
F323	Major depressive disorder, single episode, severe with psychotic features	CC	CC	
F324	Major depressive disorder, single episode, in partial remission			
F325	Major depressive disorder, single episode, in full remission			
F3281	Premenstrual dysphoric disorder			
F3289	Other specified depressive episodes			
F329	Major depressive disorder, single episode, unspecified			
F330	**Major depressive disorder, recurrent, mild**	**CC**	**Non-CC**	**Y**
F331	Major depressive disorder, recurrent, moderate	CC	CC	
F332	Major depressive disorder, recurrent severe without psychotic features	CC	CC	
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	CC	CC	
F3340	**Major depressive disorder, recurrent, in remission, unspecified**	**CC**	**CC**	
F3341	Major depressive disorder, recurrent, in partial remission			
F3342	Major depressive disorder, recurrent, in full remission			
F338	Other recurrent depressive disorders	CC	CC	
F339	**Major depressive disorder, recurrent, unspecified**	**CC**	**CC**	

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Psychiatric Conditions

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
F63.89	Other impulse disorders	N	**CC**
F63.9	Impulse disorder, unspecified	N	**CC**
F72	Severe intellectual disabilities	CC	Non-CC
F73	Profound intellectual disabilities	CC	Non-CC
F84.0	Autistic disorder	CC	Non-CC
F84.2	Rett's syndrome	CC	Non-CC
F84.5	Asperger's syndrome	CC	Non-CC
F84.8	Other pervasive developmental disorders	CC	Non-CC
F84.9	Pervasive developmental disorder, unspecified	CC	Non-CC

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Impulse Disorders

F63 Impulse disorders

Excludes2: habitual excessive use of alcohol or psychoactive substances (F10-F19)
impulse disorders involving sexual behavior (F65.-)

F63.0 Pathological gambling
Compulsive gambling
Gambling disorder

Excludes1: gambling and betting NOS (Z72.6)

Excludes2: excessive gambling by manic patients (F30, F31)
gambling in antisocial personality disorder (F60.2)

F63.1 Pyromania
Pathological fire-setting

Excludes2: fire-setting (by) (in):
adult with antisocial personality disorder (F60.2)
alcohol or psychoactive substance intoxication (F10-F19)
conduct disorders (F91.-)
mental disorders due to known physiological condition (F01-F09)
schizophrenia (F20.-)

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Impulse Disorders

F63.2 Kleptomania
Pathological stealing

Excludes1: shoplifting as the reason for observation for suspected mental disorder (Z03.8)

Excludes2: depressive disorder with stealing (F31-F33)
stealing due to underlying mental condition-code to mental condition
stealing in mental disorders due to known physiological condition (F01-F09)

F63.3 Trichotillomania
Hair plucking

Excludes2: other stereotyped movement disorder (F98.4)

F63.8 Other impulse disorders

F63.81 Intermittent explosive disorder

F63.89 Other impulse disorders

F63.9 Impulse disorder, unspecified
Impulse control disorder NOS

Only F63.89 and F63.9 are proposed to be CCs

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ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
E51.2	Wernicke's encephalopathy	CC	MCC
G10	Huntington's disease	CC	Non-CC
G11.0	Congenital nonprogressive ataxia	CC	Non-CC
G11.1	Early-onset cerebellar ataxia	CC	Non-CC
G11.2	Late-onset cerebellar ataxia	CC	Non-CC
G11.3	Cerebellar ataxia with defective DNA repair	CC	Non-CC
G11.4	Hereditary spastic paraplegia	CC	Non-CC
G11.8	Other hereditary ataxias	CC	Non-CC
G11.9	Hereditary ataxia, unspecified	CC	Non-CC
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]	CC	Non-CC
G12.1	Other inherited spinal muscular atrophy	CC	Non-CC
G12.20	Motor neuron disease, unspecified	CC	Non-CC
G12.21	Amyotrophic lateral sclerosis	CC	Non-CC
G12.22	Progressive bulbar palsy	CC	Non-CC
G12.29	Other motor neuron disease	CC	Non-CC
G12.8	Other spinal muscular atrophies and related syndromes	CC	Non-CC
G12.9	Spinal muscular atrophy, unspecified	CC	Non-CC
G23.1	Progressive supranuclear ophthalmoplegia	CC	Non-CC
G23.2	Striatonigral degeneration	CC	Non-CC
G24.01	Drug induced subacute dyskinesia	N	CC
G24.8	Other dystonia	CC	Non-CC
G31.2	Degeneration of nervous system due to alcohol	N	CC

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Wernicke's Encephalopathy

- Wernicke's encephalopathy is a neuropsychiatric emergency with high morbidity (84%) and mortality (up to 20%).
  - The Wernicke's encephalopathy syndrome of acute mental status change with associated ophthalmoplegia and ataxia was first reported in 1881 by the German neuropsychiatrist Carl Wernicke.
  - In 1887, the Russian neuropsychiatrist Sergei Korsakoff described a syndrome of severe and persistent working memory impairment known as Korsakoff psychosis.
- Both due to thiamine deficiency

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Other Brain Diseases

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
G45.0	**Vertebro-basilar artery syndrome**	**CC**	**Non-CC**
G45.1	**Carotid artery syndrome (hemispheric)**	**CC**	**Non-CC**
G45.2	**Multiple and bilateral precerebral artery syndromes**	**CC**	**Non-CC**
G45.3	**Amaurosis fugax**	**CC**	**Non-CC**
G80.0	Spastic quadriplegic cerebral palsy	MCC	**CC**
G80.1	Spastic diplegic cerebral palsy	CC	Non-CC
G80.2	Spastic hemiplegic cerebral palsy	CC	Non-CC
G80.3	Athetoid cerebral palsy	CC	Non-CC
G90.1	Familial dysautonomia [Riley-Day]	N	**CC**
G93.5	Compression of brain	MCC	CC
G93.82	Brain death	MCC	CC
G95.19	Other vascular myelopathies	MCC	**CC**
H34.9	Unspecified retinal vascular occlusion	CC	Non-CC

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Transient Ischemic Attack
Challenge That Specificity Loses CC Status

G45 Transient cerebral ischemic attacks and related syndromes

Excludes1: neonatal cerebral ischemia (P91.0)
transient retinal artery occlusion (H34.0-)

G45.0 Vertebro-basilar artery syndrome

G45.1 Carotid artery syndrome (hemispheric)

G45.2 Multiple and bilateral precerebral artery syndromes

G45.3 Amaurosis fugax

G45.4 Transient global amnesia

Excludes1: amnesia NOS (R41.3)

G45.8 Other transient cerebral ischemic attacks and related syndromes

G45.9 Transient cerebral ischemic attack, unspecified
Spasm of cerebral artery
TIA
Transient cerebral ischemia NOS

G45.0-
G45.4
NOT A CC

G45.8 AND
G45.9
A CC

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Acute Myocardial Infarction

FY2019 Code	Title	V36	V37
I2101	ST elevation (STEMI) myocardial infarction involving left main coronary artery	MCC	CC
I2102	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery	MCC	CC
I2109	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall	MCC	CC
I2111	ST elevation (STEMI) myocardial infarction involving right coronary artery	MCC	CC
I2119	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall	MCC	CC
I2121	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery	MCC	CC
I2129	ST elevation (STEMI) myocardial infarction involving other sites	MCC	CC
I213	ST elevation (STEMI) myocardial infarction of unspecified site	MCC	CC
I214	Non-ST elevation (NSTEMI) myocardial infarction (should only be Type 1)	MCC	MCC
I219	Acute myocardial infarction, unspecified	MCC	MCC
I21A1	Myocardial infarction type 2	MCC	MCC
I21A9	Other myocardial infarction type (e.g. Type 4 or Type 5)	MCC	MCC
I220	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall	MCC	CC
I221	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall	MCC	CC
I222	Subsequent non-ST elevation (NSTEMI) myocardial infarction	MCC	MCC
I228	Subsequent ST elevation (STEMI) myocardial infarction of other sites	MCC	CC
I229	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site	MCC	CC

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Myocardial Infarction Types

- Type 1 – Due to atherothrombotic coronary artery disease (CAD) and usually precipitated by atherosclerotic plaque disruption (rupture or erosion)
- Type 2 – Due to mismatch between oxygen supply and demand
  - Usually the default if not a Type 1, 4, or 5 myocardial infarction
- Type 3 – Patients with manifestations of MI who die before biomarkers are drawn
- Type 4a – Associated with percutaneous coronary intervention PCI)
- Type 4b – Associated w/stent or scaffold thrombosis after PCI
- Type 4c – Associated with restenosis after PCI
- Type 5 – Associated with CABG

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STEMI and NSTEMI Only Apply to Type 1 MIs

I21.0 ST elevation (STEMI) myocardial infarction of anterior wall
Type 1 ST elevation myocardial infarction of anterior wall

I21.01 ST elevation (STEMI) myocardial infarction involving left main coronary artery

I21.02 ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
ST elevation (STEMI) myocardial infarction involving diagonal coronary artery

I21.09 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
Acute transmural myocardial infarction of anterior wall
Anteroapical transmural (Q wave) infarction (acute)
Anterolateral transmural (Q wave) infarction (acute)
Anteroseptal transmural (Q wave) infarction (acute)
Transmural (Q wave) infarction (acute) (of) anterior (wall) NOS

I21.1 ST elevation (STEMI) myocardial infarction of inferior wall
Type 1 ST elevation myocardial infarction of inferior wall

I21.11 ST elevation (STEMI) myocardial infarction involving right coronary artery
Inferoposterior transmural (Q wave) infarction (acute)

I21.19 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
Acute transmural myocardial infarction of inferior wall
Inferolateral transmural (Q wave) infarction (acute)
Transmural (Q wave) infarction (acute) (of) diaphragmatic wall
Transmural (Q wave) infarction (acute) (of) inferior (wall) NOS

Excludes2: ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery (I21.21)

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STEMI and NSTEMI Only Apply to Type 1 MIs
STEMI – CC; NSTEMI - MCC

I21.2 ST elevation (STEMI) myocardial infarction of other sites
Type 1 ST elevation myocardial infarction of other sites

I21.21 ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
ST elevation (STEMI) myocardial infarction involving oblique marginal coronary artery

I21.29 ST elevation (STEMI) myocardial infarction involving other sites
Acute transmural myocardial infarction of other sites
Apical-lateral transmural (Q wave) infarction (acute)
Basal-lateral transmural (Q wave) infarction (acute)
High lateral transmural (Q wave) infarction (acute)
Lateral (wall) NOS transmural (Q wave) infarction (acute)
Posterior (true) transmural (Q wave) infarction (acute)
Posterobasal transmural (Q wave) infarction (acute)
Posterolateral transmural (Q wave) infarction (acute)
Posteroseptal transmural (Q wave) infarction (acute)
Septal transmural (Q wave) infarction (acute) NOS

I21.3 ST elevation (STEMI) myocardial infarction of unspecified site
Acute transmural myocardial infarction of unspecified site
Transmural (Q wave) myocardial infarction NOS
Type 1 ST elevation myocardial infarction of unspecified site

I21.4 Non-ST elevation (NSTEMI) myocardial infarction
Acute subendocardial myocardial infarction
Non-Q wave myocardial infarction NOS
Nontransmural myocardial infarction NOS
Type 1 non-ST elevation myocardial infarction

- STEMI and NSTEMI are classified as Type 1
- Type 1 STEMI (I21.0x – I21.3) are CCs
- Type 1 NSTEMIs (I24.1) are MCCs

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Type 2 MIs
Remain MCCs

I21.A1 Myocardial infarction type 2
Myocardial infarction due to demand ischemia
Myocardial infarction secondary to ischemic imbalance

Code also the underlying cause, if known and applicable, such as:
anemia (D50.0-D64.9)
chronic obstructive pulmonary disease (J44.-)
heart failure (I50.-)
paroxysmal tachycardia (I47.0-I47.9)
renal failure (N17.0-N19)
shock (R57.0-R57.9)

- "Code also" note allows for underlying causes to be the principal diagnosis if it was present on admission and contributed significantly to the reason to write an inpatient order.
  - Shock, as a Chapter 18 diagnosis, cannot be a principal diagnosis

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Type 4 MIs – Related to PCI or Stents – still a MCC
Type 5 MIs – Within 48 hours of CABG – still a MCC

I21.A9 Other myocardial infarction type
Myocardial infarction associated with revascularization procedure
Myocardial infarction type 3
Myocardial infarction type 4a
Myocardial infarction type 4b
Myocardial infarction type 4c
Myocardial infarction type 5

Code first, if applicable, postprocedural myocardial infarction following cardiac surgery (I97.190), or postprocedural myocardial infarction during cardiac surgery (I97.790)

Code also complication, if known and applicable, such as:
(acute) stent occlusion (T82.897-)
(acute) stent stenosis (T82.857-)
(acute) stent thrombosis (T82.867-)
cardiac arrest due to underlying cardiac condition (I46.2)
complication of percutaneous coronary intervention (PCI) (I97.89)
occlusion of coronary artery bypass graft (T82.218-)

- Physician must link the MI to the stent occlusion, stenosis, thrombosis, PCI, occlusion of CABG graft, or CABG as to qualify for I21.A9

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Compliance Concern
I21.9 Remains a MCC

I21.9 Acute myocardial infarction, unspecified
Myocardial infarction (acute) NOS

- I21.9 will remain a MCC
  - Problematic in that it may discourage provider queries to obtain specificity, much like unspecified encephalopathy did.

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Pulmonary Heart Disease

FY2019 Code	Title	V36	V37
I270	Primary pulmonary hypertension	CC	CC
I271	Kyphoscoliotic heart disease	CC	CC
I2720	Pulmonary hypertension, unspecified		
I2721	Secondary pulmonary arterial hypertension		
I2722	Pulmonary hypertension due to left heart disease		
I2723	Pulmonary hypertension due to lung diseases and hypoxia		
I2724	Chronic thromboembolic pulmonary hypertension		
I2729	Other secondary pulmonary hypertension		
I2781	Cor pulmonale (chronic)		CC
I2782	Chronic pulmonary embolism	CC	CC
I2783	Eisenmenger's syndrome		
I2789	Other specified pulmonary heart diseases		
I279	Pulmonary heart disease, unspecified		

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Cor Pulmonale
Consequence of Chronic Pulmonary Hypertension

I27.8 Other specified pulmonary heart diseases

I27.81 Cor pulmonale (chronic)
Cor pulmonale NOS

Excludes1: acute cor pulmonale (I26.0-)

Chronic cor pulmonale – right ventricular *hypertrophy* due to pulmonary hypertension

Does not have to have right heart failure

I27.82 Chronic pulmonary embolism

Use additional code, if applicable, for associated long-term (current) use of anticoagulants (Z79.01)

Excludes1: personal history of pulmonary embolism (Z86.711)

I27.83 Eisenmenger's syndrome
Eisenmenger's complex
(Irreversible) Eisenmenger's disease
Pulmonary hypertension with right to left shunt related to congenital heart disease

Code also underlying heart defect, if known, such as:
atrial septal defect (Q21.1)
Eisenmenger's defect (Q21.8)
patent ductus arteriosus (Q25.0)
ventricular septal defect (Q21.0)

I27.9 Pulmonary heart disease, unspecified
Chronic cardiopulmonary disease

NOT A CC

I27.89 Other specified pulmonary heart diseases

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Acute (on Chronic) Right Heart Failure

FY2019	Title	FY2019	FY2020P	Δ
I50810	Right heart failure, unspecified			
I50811	Acute right heart failure		CC	Y
I50812	Chronic right heart failure			
I50813	Acute on chronic right heart failure		CC	Y
I50814	Right heart failure due to left heart failure			
I5082	Biventricular heart failure			
I5083	High output heart failure			
I5084	End stage heart failure			
I5089	Other heart failure			

ICD–10–CM diagnosis code	Cnt1	C1	Cnt2	C2	Cnt3	C3
50.811 Acute right heart failure	92	1.3290	470	2.5375	1,632	3.1907
50.813 Acute on chronic right heart failure.	183	1.4412	1,189	2.6036	3,099	3.2870

CMS is requesting comments as to whether acute (on chronic) right heart failure should be a CC; they do not wish for chronic right heart failure to be a CC at all. If we are silent, then this CC will likely not be allowed.

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Heart Failure - Need for Comments!
Unspecified S/D remains CC; Specified Does Not!

FY2019	Title	FY2019	FY2020P	Δ
I501	Left ventricular failure, unspecified	CC	CC	
I5020	**Unspecified systolic (congestive) heart failure**	**CC**	**CC**	
I5021	Acute systolic (congestive) heart failure	MCC	MCC	
I5022	**Chronic systolic (congestive) heart failure**	**CC**	**Non-CC**	**Y**
I5023	Acute on chronic systolic (congestive) heart failure	MCC	MCC	
I5030	**Unspecified diastolic (congestive) heart failure**	**CC**	**CC**	
I5031	Acute diastolic (congestive) heart failure	MCC	MCC	
I5032	**Chronic diastolic (congestive) heart failure**	**CC**	**Non-CC**	**Y**
I5033	Acute on chronic diastolic (congestive) heart failure	MCC	MCC	
I5040	**Unspecified combined systolic (congestive) and diastolic (congestive) heart failure**	**CC**	**CC**	
I5041	Acute combined systolic (congestive) and diastolic (congestive) heart failure	MCC	MCC	
I5042	**Chronic combined systolic (congestive) and diastolic (congestive) heart failure**	**CC**	**Non-CC**	**Y**
I5043	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure	MCC	MCC	
I509	Heart failure, unspecified	Non-CC	Non-CC	

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Many (but not all) of the Underlying Cardiomyopathies Being Removed As CCs

FY2019	Title	FY2019	FY2020P	Δ
I255	Ischemic cardiomyopathy			
I420	Dilated cardiomyopathy	CC	CC	
I421	**Obstructive hypertrophic cardiomyopathy**	**CC**	**Non-CC**	**Y**
I422	**Other hypertrophic cardiomyopathy**	**CC**	**Non-CC**	**Y**
I423	**Endomyocardial (eosinophilic) disease**	**CC**	**Non-CC**	**Y**
I424	**Endocardial fibroelastosis**	**CC**	**Non-CC**	**Y**
I425	**Other restrictive cardiomyopathy**	**CC**	**Non-CC**	**Y**
I426	Alcoholic cardiomyopathy	CC	CC	
I427	Cardiomyopathy due to drug and external agent	CC	CC	
I428	Other cardiomyopathies	CC	CC	
I429	Cardiomyopathy, unspecified	CC	CC	

ICD-10-CM listing for cardiomyopathy must be followed closely!

- Hypertensive cardiomyopathy is classified as hypertensive heart disease (not a CC), not I42.8, other cardiomyopathy (a CC)
- Many cardiomyopathies due to other conditions (e.g. sarcoidosis) are not CCs!

NOTE: CHRONIC PASSIVE CONGESTION OF THE LIVER, A CONSEQUENCE OF SEVERE HF, IS PROPOSED TO BE A NEW CC.

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Other Specified Conduction Disorders Removed As CC

FY2019	Title	FY2019	FY2020P	Δ
I440	Atrioventricular block, first degree			
I441	Atrioventricular block, second degree			
I442	**Atrioventricular block, complete (AKA third degree heart block)**	**CC**	**CC**	
I4430	Unspecified atrioventricular block			
I4439	Other atrioventricular block			
I444	Left anterior fascicular block			
I445	Left posterior fascicular block			
I4460	Unspecified fascicular block			
I4469	Other fascicular block			
I447	Left bundle-branch block, unspecified			
I450	Right fascicular block			
I4510	Unspecified right bundle-branch block			
I4519	Other right bundle-branch block			
I452	**Bifascicular block**	**CC**	**CC**	
I453	**Trifascicular block**	**CC**	**CC**	
I454	Nonspecific intraventricular block			
I455	Other specified heart block			
I456	Pre-excitation syndrome			
I4581	Long QT syndrome			
I4589	**Other specified conduction disorders**	**CC**	**Non-CC**	**Y**
I459	Conduction disorder, unspecified			

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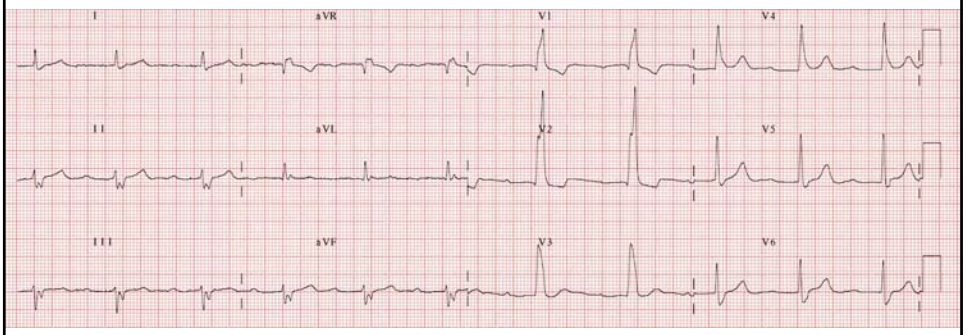
Bifascicular and Trifascicular Blocks

Bifascicular Block

- Right Bundle Branch Block plus one of the following:
  - Left Bundle Branch Block (LBBB)
  - Left Anterior Fascicular Block (LAFB)
  - Left Posterior Fascicular Block (LPFB)

Trifascicular Block
Same as bifascicular plus first-degree AV Block



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Cardiac Arrest Taken Off MCC List
V-fib and V-flutter Reduced to CCs

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
I46.2	Cardiac arrest due to underlying cardiac condition	MCC	**Non-CC**
I46.8	Cardiac arrest due to other underlying condition	MCC	**Non-CC**
I46.9	Cardiac arrest, cause unspecified	MCC	**Non-CC**
I49.01	Ventricular fibrillation	MCC	**CC**
I49.02	Ventricular flutter	MCC	**CC**

I46 Cardiac arrest

Excludes1: cardiogenic shock (R57.0)

I46.2 Cardiac arrest due to underlying cardiac condition

Code first underlying cardiac condition

I46.8 Cardiac arrest due to other underlying condition

Code first underlying condition

I46.9 Cardiac arrest, cause unspecified

Notice the "code first" instruction, which means that CDI should always help physician document the underlying cause, if possible.

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Other Cardiovascular Conditions

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
I51.1	Rupture of chordae tendineae, not elsewhere classified	MCC	**CC**
I51.2	Rupture of papillary muscle, not elsewhere classified	MCC	**CC**
I51.3	Intracardiac thrombosis, not elsewhere classified	N	**CC**
I62.03	Nontraumatic chronic subdural hemorrhage	MCC	**CC**
I65.03	Occlusion and stenosis of bilateral vertebral arteries	N	**CC**
I67.89	Other cerebrovascular disease	CC	Non-CC
I71.00	Dissection of unspecified site of aorta	MCC	**CC**

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I51 Codes

I51.0 Cardiac septal defect, acquired
Acquired septal atrial defect (old)
Acquired septal auricular defect (old)
Acquired septal ventricular defect (old)

Excludes1: cardiac septal defect as current complication following acute myocardial infarction (I23.1, I23.2)

I51.1 Rupture of chordae tendineae, not elsewhere classified

Excludes1: rupture of chordae tendineae as current complication following acute myocardial infarction (I23.4)

I51.2 Rupture of papillary muscle, not elsewhere classified

Excludes1: rupture of papillary muscle as current complication following acute myocardial infarction (I23.5)

I51.3 Intracardiac thrombosis, not elsewhere classified
Apical thrombosis (old)
Atrial thrombosis (old)
Auricular thrombosis (old)
Mural thrombosis (old)
Ventricular thrombosis (old)

Excludes1: intracardiac thrombosis as current complication following acute myocardial infarction (I23.6)

Excludes those following myocardial infarction

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Subdural Hematoma

FY2019 Code	Title	V36	V37
I6200	Nontraumatic subdural hemorrhage, unspecified	MCC	MCC
I6201	Nontraumatic acute subdural hemorrhage	MCC	MCC
I6202	Nontraumatic subacute subdural hemorrhage	MCC	MCC
I6203	Nontraumatic chronic subdural hemorrhage	MCC	CC
P100	Subdural hemorrhage due to birth injury	MCC	MCC
Various	Traumatic subdural (various codes) – initial encounter	MCC	MCC
	Traumatic subdural (various codes) – subsequent encounter		
	Traumatic subdural (various codes) – initial encounter		

Subdural hemorrhages are traumatic by default unless documented otherwise

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Aorta Dissection

FY2019 Code	Title	V36	V37
I7100	Dissection of unspecified site of aorta	MCC	
I7101	Dissection of thoracic aorta	MCC	MCC
I7102	Dissection of abdominal aorta	MCC	MCC
I7103	Dissection of thoracoabdominal aorta	MCC	MCC
I711	Thoracic aortic aneurysm, ruptured	MCC	MCC
I712	Thoracic aortic aneurysm, without rupture		
I713	Abdominal aortic aneurysm, ruptured	MCC	MCC
I714	Abdominal aortic aneurysm, without rupture		
I715	Thoracoabdominal aortic aneurysm, ruptured	MCC	MCC
I716	Thoracoabdominal aortic aneurysm, without rupture		
I718	Aortic aneurysm of unspecified site, ruptured	MCC	MCC
I719	Aortic aneurysm of unspecified site, without rupture		

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Various Respiratory Conditions

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
J10.1	Flu due to oth ident influenza virus w oth resp manifest	N	**CC**
J45.51	**Severe persistent asthma with (acute) exacerbation**	**CC**	**MCC**
J84.9	Interstitial pulmonary disease, unspecified	CC	Non-CC
J95.1	Acute pulmonary insufficiency following thoracic surgery	MCC	CC
J95.821	Acute postprocedural respiratory failure	MCC	CC
J98.01	Acute bronchospasm	N	**CC**

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FY2019 Code	Title	V36	V37
J1000	Influenza due to other identified influenza virus with unspecified type of pneumonia	MCC	MCC
J1001	Influenza due to other identified influenza virus with the same other identified influenza virus pneumonia	MCC	MCC
J1008	Influenza due to other identified influenza virus with other specified pneumonia	MCC	MCC
J101	Influenza due to other identified influenza virus with other respiratory manifestations		CC
J102	Influenza due to other identified influenza virus with gastrointestinal manifestations		
J1081	Influenza due to other identified influenza virus with encephalopathy		
J1082	Influenza due to other identified influenza virus with myocarditis		
J1083	Influenza due to other identified influenza virus with otitis media		
J1089	Influenza due to other identified influenza virus with other manifestations		
J1100	Influenza due to unidentified influenza virus with unspecified type of pneumonia	MCC	MCC
J1108	Influenza due to unidentified influenza virus with specified pneumonia	MCC	MCC
J111	Influenza due to unidentified influenza virus with other respiratory manifestations		
J112	Influenza due to unidentified influenza virus with gastrointestinal manifestations		
J1181	Influenza due to unidentified influenza virus with encephalopathy		
J1182	Influenza due to unidentified influenza virus with myocarditis		
J1183	Influenza due to unidentified influenza virus with otitis media		
J1189	Influenza due to unidentified influenza virus with other manifestations		

J10.x applies to Influenza A and Influenza B that are not novel, swine, H1N1, or avian flu

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Asthma

FY2019 Code	Title	V36	V37
J4520	Mild intermittent asthma, uncomplicated		
J4521	Mild intermittent asthma with (acute) exacerbation	CC	
J4522	Mild intermittent asthma with status asthmaticus	CC	
J4530	Mild persistent asthma, uncomplicated		
J4531	Mild persistent asthma with (acute) exacerbation	CC	
J4532	Mild persistent asthma with status asthmaticus	CC	
J4540	Moderate persistent asthma, uncomplicated		
J4541	Moderate persistent asthma with (acute) exacerbation	CC	
J4542	Moderate persistent asthma with status asthmaticus	CC	
J4550	Severe persistent asthma, uncomplicated		
J4551	Severe persistent asthma with (acute) exacerbation	CC	MCC
J4552	Severe persistent asthma with status asthmaticus	CC	
J45901	Unspecified asthma with (acute) exacerbation	CC	
J45902	Unspecified asthma with status asthmaticus	CC	
J45909	Unspecified asthma, uncomplicated		
J45990	Exercise induced bronchospasm		
J45991	Cough variant asthma		
J45998	Other asthma		

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Asthma
ICD-10-CM Severities of Illness

	Component of Severity	Age (years)	Classification of Severity			
			Intermittent	Persistent		
				Mild	Moderate	Severe
Impairment	Symptoms	All	<= 2 day/week	> 2 days/week but not daily	Daily	Throughout the day
	Night Awakenings	0-4	0	1-2x/month	3-4x/month	>1x/week
		>=5	<= 2x/month	3-4x/month	> 1x/week but not nightly	Often 7x/week
	SABA use for sympton control	All	<=2 days/week	> 2 days/week but not daily	Daily	Several times a day
	Interference with normal activity	All	None	Minor limitation	Some limitation	Extremely limited
	Lung Function:					
	FEV1 (predicted) or PEF (personal best)	>=5	Normal FEV1 btwn exacerbations >80%	Normal FEV1 btwn exacerbations >80%	Normal FEV1 btwn exacerbations >60-80%	Normal FEV1 btwn exacerbations <60%
	FEV1/FVC	5-11	>85%	>80%	75-80%	<60%
		>=12	Normal	Normal	Reduced 5%	Reduced > 5%
Risk	Exacerbations requiring oral corticosteroids	0-4	<=1x/year	≥ 2x in 6 months or ≥ 4 wheezing episodes/year lasting > 1 day AND risk factors for persistent asthma		
		5-11		≥ 2x/year		
		>=12		Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time for patients in any severity category. Relative annual risk of exacerbations may be related to FEV1.		

Source: UMichHS Asthma Quality Improvement Steering Committee.

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Acute Bronchospasm Being Added To CC List

FY2019	Title	FY2019	FY2020 P	Δ
J9801	Acute bronchospasm		CC	Y
J9809	Other diseases of bronchus, not elsewhere classified			
J9811	Atelectasis	CC	CC	
J9819	Other pulmonary collapse	CC	CC	
J982	Interstitial emphysema			
J983	Compensatory emphysema			
J984	Other disorders of lung			
J9851	Mediastinitis	MCC	MCC	
J9859	Other diseases of mediastinum, not elsewhere classified	MCC	MCC	
J986	Disorders of diaphragm			
J988	Other specified respiratory disorders			
J989	Respiratory disorder, unspecified			

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Bronchospasm Excludes1 w/Bronchiolitis and Asthma

J98.0 Diseases of bronchus, not elsewhere classified

J98.01 Acute bronchospasm

Excludes1: acute bronchiolitis with bronchospasm (J21.-)
acute bronchitis with bronchospasm (J20.-)
asthma (J45.-)
exercise induced bronchospasm (J45.990)

J98.09 Other diseases of bronchus, not elsewhere classified

Bronchiolithiasis
Calcification of bronchus
Stenosis of bronchus
Tracheobronchial collapse
Tracheobronchial dyskinesia
Ulcer of bronchus

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"Postoperative" Respiratory Functional Disorders

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
J951	Acute pulmonary insufficiency following thoracic surgery	MCC	CC
J952	Acute pulmonary insufficiency following nonthoracic surgery	MCC	MCC
J95821	Acute postprocedural respiratory failure	MCC	CC
J95822	Acute and chronic postprocedural respiratory failure	MCC	MCC

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Various GI Conditions

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
K25.7	Chronic gastric ulcer without hemorrhage or perforation	N	**CC**
K25.9	Gastric ulcer, unsp as acute or chronic, w/o hemor or perf	N	**CC**
K29.00	Acute gastritis without bleeding	N	**CC**
K31.7	Polyp of stomach and duodenum	N	**CC**

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Various UGI lesions and bleeding

FY2019	Title	FY2019	FY2020P	Δ
K2210	Ulcer of esophagus without bleeding	CC	CC	
K2211	Ulcer of esophagus with bleeding	MCC	MCC	
K2900	**Acute gastritis without bleeding**		**CC**	**Y**
K2901	Acute gastritis with bleeding	MCC	MCC	
K2920	Alcoholic gastritis without bleeding			
K2921	Alcoholic gastritis with bleeding	MCC	MCC	
K2930	Chronic superficial gastritis without bleeding			
K2931	Chronic superficial gastritis with bleeding	MCC	MCC	
K2940	Chronic atrophic gastritis without bleeding			
K2941	Chronic atrophic gastritis with bleeding	MCC	MCC	
K2950	Unspecified chronic gastritis without bleeding			
K2951	Unspecified chronic gastritis with bleeding	MCC	MCC	
K2960	Other gastritis without bleeding			
K2961	Other gastritis with bleeding	MCC	MCC	
K2970	Gastritis, unspecified, without bleeding			
K2971	**Gastritis, unspecified, with bleeding**	**MCC**	**MCC**	
K2980	Duodenitis without bleeding			
K2981	Duodenitis with bleeding	MCC	MCC	
K2990	Gastroduodenitis, unspecified, without bleeding			
K2991	Gastroduodenitis, unspecified, with bleeding	MCC	MCC	
K31811	**Angiodysplasia of stomach and duodenum with bleeding**	**MCC**	**CC**	**Y**
K31819	Angiodysplasia of stomach and duodenum without bleeding			

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Various GI Conditions

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
K35.20	Acute appendicitis with generalized peritonitis, without abscess	CC	Non-CC
K35.21	Acute appendicitis with generalized peritonitis, with abscess	MCC	**Non-CC**
K35.30	Acute appendicitis with localized peritonitis, without perforation or gangrene	CC	Non-CC
K35.31	Acute appendicitis with localized peritonitis and gangrene, without perforation	CC	Non-CC
K35.32	Acute appendicitis with perforation and localized peritonitis, without abscess	MCC	**Non-CC**
K35.33	Acute appendicitis with perforation and localized peritonitis, with abscess	MCC	**Non-CC**

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Crohn's Disease and Ulcerative Colitis Other Conditions

- All Crohn's disease (even with obstruction), ulcerative colitis (except with obstruction), left sided colitis, and inflammatory polyps are removed from CC list
- Chronic gastric ulcer added as a CC

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
K55.1	Chronic vascular disorders of intestine	CC	Non-CC
K55.8	Other vascular disorders of intestine	CC	Non-CC
K55.9	Vascular disorder of intestine, unspecified	CC	Non-CC
K56.2	Volvulus	MCC	**CC**
K56.41	Fecal impaction	N	CC
K57.12	Dvtrcli of sm int w/o perforation or abscess w/o bleeding	CC	Non-CC
K57.31	Dvrtclos of lg int w/o perforation or abscess w bleeding	MCC	CC
K57.33	Dvtrcli of lg int w/o perforation or abscess w bleeding	MCC	CC
K61.0	Anal abscess	CC	Non-CC
K61.1	Rectal abscess	CC	Non-CC
K61.2	Anorectal abscess	CC	Non-CC
K61.4	Intrasphincteric abscess	CC	Non-CC
K62.5	Hemorrhage of anus and rectum	CC	Non-CC
K62.6	Ulcer of anus and rectum	CC	Non-CC
K63.1	Perforation of intestine (nontraumatic)	MCC	**CC**

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Liver and Pancreas

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
K76.1	Chronic passive congestion of liver	N	**CC**
K80.00	**Calculus of gallbladder w acute cholecyst w/o obstruction**	**CC**	**Non-CC**
K80.10	**Calculus of gallbladder w chronic cholecyst w/o obstruction**	**CC**	**Non-CC**
K80.12	**Calculus of GB w acute and chronic cholecyst w/o obstruction**	**CC**	**Non-CC**
K80.18	Calculus of gallbladder w oth cholecystitis w/o obstruction	CC	Non-CC
K80.50	**Calculus of bile duct w/o cholangitis or cholecyst w/o obst**	**N**	**CC**
K80.67	**Calculus of GB and bile duct w ac and chr cholecyst w obst**	**MCC**	**CC**
K80.70	**Calculus of GB and bile duct w/o cholecyst w/o obstruction**	**N**	**CC**
K82.1	Hydrops of gallbladder	CC	Non-CC
K82.2	Perforation of gallbladder	MCC	**CC**
K86.0	Alcohol-induced chronic pancreatitis	CC	Non-CC
K86.1	Other chronic pancreatitis	CC	Non-CC
K86.2	Cyst of pancreas	CC	Non-CC
K86.3	Pseudocyst of pancreas	CC	Non-CC

Chronic passive congestion of the liver is often seen with heart failure

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Other GI Conditions

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
K90.1	Tropical sprue	CC	Non-CC
K90.2	Blind loop syndrome, not elsewhere classified	CC	Non-CC
K90.3	Pancreatic steatorrhea	CC	Non-CC
K90.41	Non-celiac gluten sensitivity	CC	Non-CC
K90.49	Malabsorption due to intolerance, not elsewhere classified	CC	Non-CC
K90.81	Whipple's disease	CC	Non-CC
K90.89	Other intestinal malabsorption	CC	Non-CC
K90.9	Intestinal malabsorption, unspecified	CC	Non-CC
K91.2	Postsurgical malabsorption, not elsewhere classified	CC	Non-CC
K91.32	Postprocedural complete intestinal obstruction	CC	MCC

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Intestinal Obstruction

K91.3 Postprocedural intestinal obstruction

K91.30 Postprocedural intestinal obstruction, unspecified as to partial versus complete
Postprocedural intestinal obstruction NOS

K91.31 Postprocedural partial intestinal obstruction
Postprocedural incomplete intestinal obstruction

K91.32 Postprocedural complete intestinal obstruction

- K91.30 and K91.31 will remain CCs
- K91.32 will be a new MCC
- How physicians can differentiate these without surgery will be an opportunity to hone our CDI skills

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Drug rashes added as CCs
Cutaneous abscesses removed as Ccs

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
L02.01	Cutaneous abscess of face	CC	Non-CC
L02.11	Cutaneous abscess of neck	CC	Non-CC
L02.219	Cutaneous abscess of trunk, unspecified	CC	Non-CC
L02.413	Cutaneous abscess of right upper limb	CC	Non-CC
L02.414	Cutaneous abscess of left upper limb	CC	Non-CC
L02.415	Cutaneous abscess of right lower limb	CC	Non-CC
L02.416	Cutaneous abscess of left lower limb	CC	Non-CC
L02.419	Cutaneous abscess of limb, unspecified	CC	Non-CC
L02.511	Cutaneous abscess of right hand	CC	Non-CC
L02.512	Cutaneous abscess of left hand	CC	Non-CC
L02.519	Cutaneous abscess of unspecified hand	CC	Non-CC
L02.811	Cutaneous abscess of head [any part, except face]	CC	Non-CC
L02.818	Cutaneous abscess of other sites	CC	Non-CC
L02.91	Cutaneous abscess, unspecified	CC	Non-CC
L27.0	Gen skin eruption due to drugs and meds taken internally	N	**CC**
L27.1	Loc skin eruption due to drugs and meds taken internally	N	**CC**

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Rheumatology

- The following will be removed from the CC list
  - Rheumatoid myopathy
  - Reiter's Disease
  - Postdysenteric arthropathy
  - Other reactive arthritis
  - Wegener's granulomatosis w/o renal involvement
    - NOTE – that will renal involvement will remain a CC
- The following will be added to the CC List
  - "Immobility Syndrome"
  - Rotator cuff tears, nontraumatic
  - Unspecified panniculits

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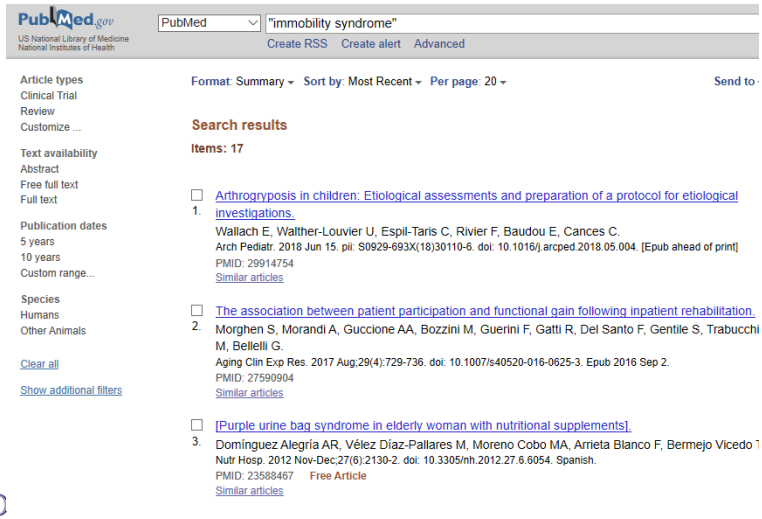
What's an Immobility Syndrome?

Only 17 articles in the world literature over past 40 years



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No Help from Worldwide ICD-10

M62.0 **Diastasis of muscle**

M62.1 **Other rupture of muscle (nontraumatic)**
Excl.: rupture of tendon (M66.-)
traumatic rupture of muscle - see injury of muscle by body region

M62.2 **Ischaemic infarction of muscle**
Compartment syndrome, non-traumatic
Excl.: compartment syndrome, traumatic (T79.6)
traumatic ischaemia of muscle (T79.6)
Volkmann ischaemic contracture (T79.6)

M62.3 **Immobility syndrome (paraplegic)**

M62.4 **Contracture of muscle**
Excl.: contracture of joint (M24.5)

M62.5 **Muscle wasting and atrophy, not elsewhere classified**
Disuse atrophy NEC

M62.6 **Muscle strain**
Excl.: current injury - see injury of muscle by body region

M62.8 **Other specified disorders of muscle**
Muscle (sheath) hernia

M62.9 **Disorder of muscle, unspecified**

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ICD-11

FB32.3 Immobility syndrome

Parent

FB32 Certain specified disorders of muscle

Postcoordination

Add detail to **Immobility syndrome**

Laterality *(use additional code, if desired .)*

XK9J	Bilateral
XK8G	Left
XK9K	Right
XK70	Unilateral, unspecified
XK6G	Unspecified laterality

Specific anatomy *(use additional code, if desired .)*

Search

- ICD-11 implies it is a disease of the muscle; however, it too does not provide a definition
- Given that there is laterality, this implies that this involves some limitation in mobility in an extremity

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M62.3 Immobility syndrome (paraplegic)

- **ICD-10-CM Index**
  - **Syndrome**
    - immobility, immobilization (paraplegic) M62.3
    - lazy
    - - leukocyte D70.8
    - - posture M62.3

Immobile, immobility
- complete, due to severe physical disability or frailty R53.2
- intestine K59.8
- syndrome (paraplegic) M62.3

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ICD-10-CM Table
Perhaps It is What It is Not

R26 Abnormalities of gait and mobility

Excludes1: ataxia NOS (R27.0)
hereditary ataxia (G11.-)
locomotor (syphilitic) ataxia (A52.11)
immobility syndrome (paraplegic) (M62.3)

R53.2 Functional quadriplegia
Complete immobility due to severe physical disability or frailty

Excludes1: frailty NOS (R54)
hysterical paralysis (F44.4)
immobility syndrome (M62.3)
neurologic quadriplegia (G82.5-)
quadriplegia (G82.50)

Notice how "immobility syndrome" trumps "Functional Quadriplegia"

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Bedridden or Impaired Mobility Query

Query:

If in your independent clinical judgment, the above abnormal findings and/or clinical indicators have a correlative diagnosis, please select below:

[] Complete immobility due to severe physical disability or severe frailty (functional quadriplegia)

[] Impaired mobility (but still able to ambulate) due to a physical disease or frailty – immobility syndrome

[] Quadriparesis or quadriplegia due to a neurological disease or injury

[] Hemiparesis or hemiplegia due to a neurological disease or injury

[] Paraparesis or paraplegia due to a neurological disease or injury

[] Monoplegia due to a neurological disease or injury

[] Ataxia

[] Other (please specify):

[] Clinically undetermined

If possible, please cite the underlying cause of the option selected.

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Genitourinary

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
N10	Acute pyelonephritis	CC	Non-CC
N18.4	Chronic kidney disease, stage 4 (severe)	CC	Non-CC
N18.5	Chronic kidney disease, stage 5	CC	Non-CC
N18.6	End stage renal disease	MCC	CC
N30.00	Acute cystitis without hematuria	CC	Non-CC
N30.01	Acute cystitis with hematuria	CC	Non-CC
N41.0	Acute prostatitis	CC	Non-CC
N76.4	Abscess of vulva	CC	Non-CC

Unspecified UTI remains a CC

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Many Congenital Conditions

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
Q21.0	Ventricular septal defect	CC	Non-CC
Q21.1	Atrial septal defect	CC	Non-CC
Q21.2	Atrioventricular septal defect	CC	Non-CC
Q23.0	Congenital stenosis of aortic valve	CC	Non-CC
Q23.1	Congenital insufficiency of aortic valve	CC	Non-CC
Q23.2	Congenital mitral stenosis	CC	Non-CC
Q23.3	Congenital mitral insufficiency	CC	Non-CC
Q24.5	Malformation of coronary vessels	CC	Non-CC
Q39.4	Esophageal web	MCC	**CC**
Q60.0	Renal agenesis, unilateral	CC	Non-CC
Q60.1	Renal agenesis, bilateral	CC	Non-CC
Q60.2	Renal agenesis, unspecified	CC	Non-CC
Q60.3	Renal hypoplasia, unilateral	CC	Non-CC
Q60.4	Renal hypoplasia, bilateral	CC	Non-CC
Q60.5	Renal hypoplasia, unspecified	CC	Non-CC
Q60.6	Potter's syndrome	CC	Non-CC

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Many Congenital Conditions

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
Q61.00	Congenital renal cyst, unspecified	CC	Non-CC
Q61.01	Congenital single renal cyst	CC	Non-CC
Q61.02	Congenital multiple renal cysts	CC	Non-CC
Q61.11	Cystic dilatation of collecting ducts	CC	Non-CC
Q61.19	Other polycystic kidney, infantile type	CC	Non-CC
Q61.2	Polycystic kidney, adult type	CC	Non-CC
Q61.3	Polycystic kidney, unspecified	CC	Non-CC
Q61.4	Renal dysplasia	CC	Non-CC
Q61.5	Medullary cystic kidney	CC	Non-CC
Q79.4	Prune belly syndrome	MCC	**CC**
Q79.51	Congenital hernia of bladder	MCC	**CC**
Q79.59	Other congenital malformations of abdominal wall	MCC	**CC**
Q79.6	Ehlers-Danlos syndrome	CC	Non-CC
Q87.1	Congenital malform syndromes predom assoc w short stature	CC	Non-CC
Q87.2	Congenital malformation syndromes predom involving limbs	CC	Non-CC
Q87.3	Congenital malformation syndromes involving early overgrowth	CC	Non-CC
Q87.81	Alport syndrome	CC	Non-CC
Q87.82	Arterial tortuosity syndrome	CC	Non-CC
Q87.89	Oth congenital malformation syndromes, NEC	CC	Non-CC
Q89.01	Asplenia (congenital)	CC	Non-CC
Q89.09	Congenital malformations of spleen	CC	Non-CC
Q89.3	Situs inversus	CC	Non-CC
Q89.7	Multiple congenital malformations, not elsewhere classified	CC	Non-CC
Q89.8	Other specified congenital malformations	CC	Non-CC

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Many Congenital Conditions

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)	CC	Non-CC
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)	CC	Non-CC
Q91.2	Trisomy 18, translocation	CC	Non-CC
Q91.3	Trisomy 18, unspecified	CC	Non-CC
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)	CC	Non-CC
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)	CC	Non-CC
Q91.6	Trisomy 13, translocation	CC	Non-CC
Q91.7	Trisomy 13, unspecified	CC	Non-CC
Q93.3	Deletion of short arm of chromosome 4	CC	Non-CC
Q93.4	Deletion of short arm of chromosome 5	CC	Non-CC
Q93.7	Deletions with other complex rearrangements	CC	Non-CC
Q93.81	Velo-cardio-facial syndrome	MCC	**CC**

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Various Chapter 18 Codes

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
R04.0	Epistaxis	N	**CC**
R04.1	Hemorrhage from throat	N	**CC**
R13.0	Aphagia	N	**CC**
R50.2	Drug induced fever	N	**CC**
R50.82	Postprocedural fever	N	**CC**
R58	Hemorrhage, not elsewhere classified	N	**CC**
R60.1	Generalized edema	N	**CC**
R62.7	Adult failure to thrive	N	**CC**
R63.3	Feeding difficulties	N	**CC**
R65.11	SIRS of non-infectious origin w acute organ dysfunction	MCC	**CC**
R78.81	Bacteremia	CC	MCC

What conditions is bacteremia integral to? I would say "NONE"!!!!!

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Various Trauma Codes

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
S06.0X0A	**Concussion without loss of consciousness, initial encounter**	**N**	**CC**
S22.20XA	**Unsp fracture of sternum, init encntr for closed fracture**	**CC**	**MCC**
S32.401A	Unsp fracture of right acetabulum, init for clos fx	MCC	**CC**
S32.402A	Unspecified fracture of left acetabulum, initial encounter for closed fracture	MCC	CC
S32.409A	Unspecified fracture of unspecified acetabulum, initial encounter for closed fracture	MCC	CC
S32.501A	Unsp fracture of right pubis, init for clos fx	CC	Non-CC
S32.501K	Unsp fracture of right pubis, subs for fx w nonunion	CC	Non-CC
S32.502A	Unsp fracture of left pubis, init encntr for closed fracture	CC	Non-CC
S32.502K	Unsp fracture of left pubis, subs for fx w nonunion	CC	Non-CC
S32.509A	Unsp fracture of unsp pubis, init encntr for closed fracture	CC	Non-CC
S32.509K	Unsp fracture of unsp pubis, subs for fx w nonunion	CC	Non-CC
S32.511A	Fracture of superior rim of right pubis, init for clos fx	CC	Non-CC
S32.511K	Fx superior rim of right pubis, subs for fx w nonunion	CC	Non-CC
S32.512A	Fracture of superior rim of left pubis, init for clos fx	CC	Non-CC
S32.512K	Fx superior rim of left pubis, subs for fx w nonunion	CC	Non-CC
S32.519A	Fracture of superior rim of unsp pubis, init for clos fx	CC	Non-CC
S32.519K	Fx superior rim of unsp pubis, subs for fx w nonunion	CC	Non-CC
S32.591A	Oth fracture of right pubis, init encntr for closed fracture	CC	Non-CC
S32.591K	Oth fracture of right pubis, subs for fx w nonunion	CC	Non-CC
S32.592A	Oth fracture of left pubis, init encntr for closed fracture	CC	Non-CC
S32.592K	Oth fracture of left pubis, subs for fx w nonunion	CC	Non-CC
S32.599A	Oth fracture of unsp pubis, init encntr for closed fracture	CC	Non-CC
S32.599K	Oth fracture of unsp pubis, subs for fx w nonunion	CC	Non-CC

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Femur Fracture – Initial Encounters Moved from MCC to CC

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
S72.011A	Unsp intracapsular fracture of right femur, init for clos fx	MCC	**CC**
S72.012A	Unsp intracapsular fracture of left femur, init for clos fx	MCC	**CC**
S72.019A	Unsp intracapsular fracture of unsp femur, init for clos fx	MCC	**CC**
S72.111A	Disp fx of greater trochanter of right femur, init	MCC	**CC**
S72.112A	Disp fx of greater trochanter of left femur, init	MCC	**CC**
S72.113A	Disp fx of greater trochanter of unsp femur, init	MCC	**CC**
S72.114A	Nondisp fx of greater trochanter of right femur, init	MCC	**CC**
S72.115A	Nondisp fx of greater trochanter of left femur, init	MCC	**CC**
S72.116A	Nondisp fx of greater trochanter of unsp femur, init	MCC	**CC**
S72.121A	Disp fx of lesser trochanter of right femur, init	MCC	**CC**
S72.122A	Disp fx of lesser trochanter of left femur, init for clos fx	MCC	**CC**
S72.123A	Disp fx of lesser trochanter of unsp femur, init for clos fx	MCC	**CC**
S72.124A	Nondisp fx of lesser trochanter of right femur, init	MCC	**CC**
S72.125A	Nondisp fx of lesser trochanter of left femur, init	MCC	**CC**
S72.126A	Nondisp fx of lesser trochanter of unsp femur, init	MCC	**CC**

Partial list above – See spreadsheet for entire list

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Various Other Injury or Complication Codes

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
T17.900A	Unsp fb in resp tract, part unsp causing asphyx, init	N	**CC**
T17.910A	Gastric contents in resp tract, part unsp cause asphyx, init	N	**CC**
T17.920A	Food in resp tract, part unsp causing asphyxiation, init	N	**CC**
T17.990A	Oth forn obj in resp tract, part unsp in cause asphyx, init	N	**CC**
T18.190A	Oth foreign object in esoph causing comprsn of trachea, init	N	**CC**
T18.2XXA	Foreign body in stomach, initial encounter	N	**CC**
T80.89XA	Oth comp fol infusion, transfuse and theraputc inject, init	N	**CC**

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Various "Z" codes

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
Z16.12	Extended spectrum beta lactamase (ESBL) resistance	N	**CC**
Z16.21	Resistance to vancomycin	N	**CC**
Z16.24	Resistance to multiple antibiotics	N	**CC**
Z16.39	Resistance to other specified antimicrobial drug	N	**CC**
Z43.1	Encounter for attention to gastrostomy	CC	Non-CC
Z59.0	Homelessness	N	**CC**

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Various "Z" Codes

ICD-10-CM Diagnosis Code	Code Description	Current Severity Designation	Proposed Severity Designation
Z94.0	Kidney transplant status	CC	Non-CC
Z94.1	Heart transplant status	CC	Non-CC
Z94.2	Lung transplant status	CC	Non-CC
Z94.3	Heart and lungs transplant status	CC	Non-CC
Z94.4	Liver transplant status	CC	Non-CC
Z94.81	Bone marrow transplant status	CC	Non-CC
Z94.82	Intestine transplant status	CC	Non-CC
Z94.83	Pancreas transplant status	CC	Non-CC
Z94.84	Stem cells transplant status	CC	Non-CC
Z95.811	Presence of heart assist device	CC	Non-CC
Z95.812	Presence of fully implantable artificial heart	CC	Non-CC
Z99.11	Dependence on respirator [ventilator] status	CC	Non-CC
Z99.12	Encounter for respirator dependence during power failure	CC	Non-CC

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Bottom Line

- Don't forget
  - Just because they may not be CCs or MCCs in MS-DRGs does not mean that they don't affect on of the 20 other methodologies affecting quality and cost efficiency
  - This is a proposed list – the final list will be out in August
  - **COMMENT COMMENT COMMENT!!!!!!!!!**
- Recommendations
  - Consult with coding about these changes
  - Consider internal policy changes
  - Consider reformatting query forms

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Thank you. Questions?

jkennedy@cdimd.com; (615) 479-7021

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