



# IMPROVE HOME HEALTH OUTCOMES WITH CODING UPDATES



## SPEAKERS

### **Nanette Minton**

RN, CHPCA, HCS-D, HCS-H

Senior Clinical Coding Manager, MAC Legacy



## MODERATOR

### **Mike Carr**

PT COS-C

Senior Product Manager, Axxess



# About MAC Legacy

- MAC Legacy specializes in solving complex problems and turning them into simple solutions. Our goal is to provide coding, expert consulting, education and tools to allow your organization to compete in a difficult marketplace.
- Services:
  - Coding
  - Consulting
  - Audits
  - Pre-Claim Review Submission
  - Products: manuals, cheat sheets and reference guides



# Learning Outcomes

- Participants will be able to verbalize ICD-10 coding changes effective October 1st, 2021.
- Participants will gain insight regarding the proposed changes by CMS to comorbidity adjustments and functional impairments.



# Home Health Quality Measures and Patient Outcomes

- The POC/485 is a tool developed and used by clinicians based on provider documentation and clinician assessment.
- Complete and accurate coding of patient diagnoses is the foundation for the care provided and directs the clinician to prevent negative events.
- Patient outcomes are directly related to the treatment of patient conditions, and the focus should be goal oriented to improve outcomes and prevent unwanted events.





# Code Implementation

- There will be code updates on October 1, 2021, and April 1, 2022.
- The current process will be used, including the release of new code files, coding guidelines and coding advice.
- CMS is recommending a phased in approach and to limit April 1 code updates



# FY 2022 Coding Update

- Added 159 new ICD-10-CM diagnosis codes effective October 1, 2021 with Clinical Group and Comorbidity Subgroup assignments for applicable codes
- Revised 22 codes
- Deleted 32 ICD-10-CM diagnosis codes
- Diagnosis description revisions for 42 ICD-10-CM diagnosis codes
- Added three diagnosis codes to the External Cause of Injury list
- Added 57 diagnosis codes to the Unacceptable Primary Diagnosis list
- Removed six codes from the Unacceptable Primary Diagnosis list
- Identified 135 diagnosis codes as “Code First” as a reference
- Total number of FY 2022 ICD-10-CM codes: 72,748



# FY 2022 Coding Update—Clinical Grouping

- Modified Diagnosis Code Primary Clinical Group Assignments
  - 31 moved from Musculoskeletal Rehabilitation to no primary clinical group assigned
  - 1 moved from MMTA Gastrointestinal tract and Genitourinary to MMTA-Other
  - Several in Obstetrics/Perinatal changed/moved
- Added Primary Clinical Group Assignments
  - 10 MMTA-Infectious Disease, Neoplasms, and Blood-Forming Diseases
  - 4 Behavioral Health
  - 1 Neuro Rehabilitation
  - 17 Musculoskeletal Rehabilitation
  - 13 MMTA Gastrointestinal tract and Genitourinary system
  - 45 MMTA Other
  - 69 No primary clinical grouping assigned



# FY 2022 Coding Update—Comorbidity Adjustment

- Low Comorbidity Group
  - Dependent upon Final Rule
  - 20 Low Comorbidity Adjustments Proposed
- High Comorbidity Group
  - Dependent upon Final Rule
  - 85 High Comorbidity Adjustment Interactions Proposed





# FY 2022 Official Guidelines

Narrative Changes to the General Coding Guidelines



# General Coding Guidelines: Laterality

- When laterality is not documented by the patient's provider, code assignment for the affected side may be based on medical record documentation from other clinicians. If there is conflicting medical record documentation regarding the affected side, the patient's attending provider should be queried for clarification.
- Codes for an "unspecified" side should rarely be used, such as when the documentation in the record is insufficient to determine the affected side and it is not possible to obtain clarification.

# General Coding Guidelines: Documentation by Clinicians Other than the Patient's Provider

Code assignment is based on the documentation by **the patient's provider** (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). There are a few exceptions **when** code assignment may be based on medical record documentation from clinicians who are not the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). **In this context, "clinicians" other than the patient's provider refer to healthcare professionals permitted, based on regulatory or accreditation requirements or internal hospital policies, to document in a patient's official medical record.**



# General Coding Guidelines: Documentation by Clinicians Other than the Patient's Provider

## These exceptions include codes for:

- Body Mass Index (BMI)
- Depth of non-pressure chronic ulcers
- Pressure ulcer stage
- Coma scale
- NIH stroke scale (NIHSS)
- Social determinants of health (SDOH)
- Laterality
- Blood alcohol level

# General Coding Guidelines: Use of Sign/Symptom/Unspecified Codes

- As stated in the introductory section of these official coding guidelines, a joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures.
- The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation, accurate coding cannot be achieved.
- The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

# General Coding Guidelines: Coding for Healthcare Encounters in Hurricane Aftermath

Z codes (other reasons for healthcare encounters) may be assigned as appropriate to further explain the reasons for presenting healthcare services, including transfers between healthcare facilities, **or to provide additional information relevant to a patient encounter.**





# General Coding Guidelines: Level of Detail in Coding

Code to the highest level of specificity when supported by the medical record documentation.



# Chapter Specific Coding Updates



# FY 2022 Coding Update

Diagnosis	Description	Clinical Group	Clinical Group Description	Comorbidity Group	Comorbidity Group Description	Low Comorbidity
A7982	Anaplasmosis [A. phagocytophilum]	K	MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases	No_group	No group assigned	0
C563	Malignant neoplasm of bilateral ovaries	K	MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases	Neoplasms 11	Neoplasms	0
C7963	Secondary malignant neoplasm of bilateral ovaries	K	MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases	Neoplasms 18	Neoplasms	0
C847A	Anaplastic large cell lymphoma, ALK-negative, breast	K	MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases	Neoplasms 20	Neoplasms	0
D5521	Anemia due to pyruvate kinase deficiency	K	MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases	Circulatory 1	Circulatory disease	0
D5529	Anemia due to other disorders of glycolytic enzymes	K	MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases	Circulatory 1	Circulatory disease	0
D75838	Other thrombocytosis	K	MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases	No_group	No group assigned	0
D75839	Thrombocytosis, unspecified	K	MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases	No_group	No group assigned	0
D8944	Hereditary alpha tryptasemia	K	MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases	No_group	No group assigned	0

# Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9

## **A79.82—Anaplasmosis (*A. phagocytophilum*)** MMTA Infect

Anaplasmosis is a disease caused by the bacterium *Anaplasma phagocytophilum*. These bacteria are primarily spread to people by bites primarily from the blacklegged tick (*Ixodes scapularis*) and the western blacklegged tick (*Ixodes pacificus*).

# Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9

## Chapter-Specific Coding Guideline Updates

### (d) Asymptomatic human immunodeficiency virus

Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, is to be applied when the patient without any documentation of symptoms is listed as being “HIV positive,” “known HIV,” “HIV test positive,” or similar terminology. Do not use this code if the term “AIDS” or “**HIV disease**” is used or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from his/her HIV positive status; use B20 in these cases.

# Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9

## Chapter-Specific Coding Guideline Updates

### (i) History of HIV managed by medication

If a patient with documented history of HIV disease is currently managed on antiretroviral medications, assign code B20, Human immunodeficiency virus [HIV] disease. Code Z79.899, Other long term (current) drug therapy, may be assigned as an additional code to identify the long-term (current) use of antiretroviral medications.



# Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9

Chapter-Specific Coding Guideline Updates

g. Coronavirus infections

(b) Sequencing of codes

For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock

See Section I.C.15.s. for COVID-19 infection in pregnancy, childbirth, and the puerperium

See Section I.C.16.h. for COVID-19 infection in newborn

For a COVID-19 infection in a lung transplant patient, see Section I.C.19.g.3.a. Transplant complications other than kidney



# Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9

## Chapter-Specific Coding Guideline Updates

### g. Coronavirus infections

#### (g) **Signs and symptoms without definitive diagnosis of COVID-19**

For patients presenting any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms, such as:

- **R05.1, Acute cough, or R05.9, Cough, unspecified**
- R06.02 Shortness of breath
- R50.9 Fever, unspecified

# Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9

## Chapter-Specific Coding Guideline Updates

g. Coronavirus infections

(j) **Follow-up visits after COVID-19 infection has resolved**

For individuals who previously had COVID-19 **without residual symptom(s) or condition(s)** and are being seen for a follow-up evaluation, and their COVID-19 test results are negative, assign codes Z09, Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, and Z86.16, Personal history of COVID-19.

For follow-up visits for individuals with symptom(s) or condition(s) related to a previous COVID-19 infection, see guideline I.C.1.g.1.m.

See Section I.C.21.c.8, Factors influencing health states and contact with health services, Follow-up



# Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9

## Chapter-Specific Coding Guideline Updates

### g. Coronavirus infections

#### (I) **Multisystem Inflammatory Syndrome**

If an individual with a history of COVID-19 develops MIS, assign codes M35.81, Multisystem inflammatory syndrome, and **U09.9, Post COVID-19 condition, unspecified.**

# Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9

## Chapter-Specific Coding Guideline Updates

g. Coronavirus infections

### (m) Post COVID-19 Condition

For sequela of COVID-19, or associated symptoms or conditions that develop following a previous COVID-19 infection, assign a code(s) for the specific symptom(s) or condition(s) related to the previous COVID-19 infection, if known, and code U09.9, Post COVID-19 condition, unspecified.

Code U09.9 should not be assigned for manifestations of an active (current) COVID-19 infection.

If a patient has a condition(s) associated with a previous COVID-19 infection and develops a new active (current) COVID-19 infection, code U09.9 may be assigned in conjunction with code U07.1, COVID-19, to identify that the patient also has a condition(s) associated with a previous COVID-19 infection. Code(s) for the specific condition(s) associated with the previous COVID-19 infection and code(s) for manifestation(s) of the new active (current) COVID-19 infection should also be assigned.

# Chapter 2: Neoplasms (C00-D49)

C56.3—Malignant neoplasm of bilateral ovaries MMTA Infect

C79.63—Secondary malignant neoplasm of bilateral ovaries MMTA Infect



# Chapter 2: Neoplasms (C00-D49)

**C84.7A—Anaplastic large cell lymphoma, ALK-negative, breast** MMTA Infect  
Breast implant associated anaplastic large cell lymphoma (BIA-ALCL)

Use Additional code to identify:

- Breast implant status (Z98.82)
- Personal history of breast implant removal (Z98.86)

# Chapter 2: Neoplasms (C00-D49)

## Chapter-Specific Coding Guideline Updates

s. **Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL)** is a type of lymphoma that can develop around breast implants. Assign code C84.7A, Anaplastic large cell lymphoma, ALK-negative, breast, for BIA-ALCL. Do not assign a complication code from chapter 19.

# Chapter 3: Disease of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)

D55.21—Anemia due to pyruvate kinase deficiency MMTA-Infect

PK deficiency anemia

Pyruvate kinase deficiency anemia

Pyruvate kinase deficiency is a condition in which red blood cells break down faster than they should. This can lead to anemia (not enough red blood cells).

# Chapter 3: Disease of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)

**D55.29—Anemia due to other disorders of glycolytic enzymes** MMTA-Infect

Hexokinase deficiency anemia

Triose-phosphate isomerase deficiency anemia

# Chapter 3: Disease of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)

## D75.838—Other thrombocytosis

MMTA-Infect

Reactive thrombocytosis

Secondary thrombocytosis

## D75.839—Thrombocytosis unspecified

MMTA-Infect

Thrombocythemia NOS

Thrombocytosis NOS

# Chapter 3: Disease of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)

D89.4—Mast cell activation syndrome and related disorders

**D89.44—Hereditary alpha tryptasemia**                      MMTA-Infect

Use Additional code, if applicable, for:

- Allergy status, other than to drugs and biological substances (Z91.0-)
- Personal history of anaphylaxis (Z87.892)

# Chapter 4: Endocrine, Nutritional and Metabolic Diseases (E00-E89)

E75.244—Neimann-Pick disease type A/B     MMTA-Infect

Acid sphingomyelinase deficiency type A/B (ASMD type A/B)

Chronic neurovisceral acid sphingomyelinase deficiency

# Chapter 4: Endocrine, Nutritional and Metabolic Diseases (E00-E89)

## Chapter-Specific Coding Guideline Updates

### 3) Diabetes mellitus and the use of insulin, oral hypoglycemics and injectable non-insulin drugs

If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11-, Type 2 diabetes mellitus, should be assigned. **Additional** code(s) should be assigned from category Z79 to identify the long-term (current) use of insulin, oral hypoglycemic drugs, **or injectable non-insulin antidiabetic, as follows:**

- If the patient is treated with both oral medications and insulin, **both code Z79.4, Long term (current) use of insulin, and code Z79.84, Long term (current) use of oral hypoglycemic drugs, should be assigned.**



# FY 2022 Coding Update

F32A	Depression, unspecified	F	Behavioral Health	Behavioral 2	Behavioral health issues (including substance use disorders)	0
F78A1	SYNGAP1-related intellectual disability	F	Behavioral Health	Behavioral 4	Behavioral health issues (including substance use disorders)	0
F78A9	Other genetic related intellectual disability	F	Behavioral Health	Behavioral 4	Behavioral health issues (including substance use disorders)	0
G0482	Acute flaccid myelitis	B	Neuro Rehabilitation	No_group	No group assigned	0
G4486	Cervicogenic headache	E	Musculoskeletal Rehabilitation	No_group	No group assigned	0

# Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)

F32 Category was revised to: “Depressive episode”

**F32.A—Depression, unspecified** Behavioral

- Depression NOS
- Depressive disorder NOS

# Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)

## F78.A1—SYNGAP1-related intellectual disability Behavioral

Code also, if applicable, any associated:

- Autism spectrum disorder (F84.0)
- Autistic disorder (F84.0)
- Encephalopathy (G93.4-)
- Epilepsy and recurrent seizures (G40.-)
- Other pervasive developmental disorders (F84.8)
- Pervasive developmental disorder, NOS (F84.9)

# Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)

**F78.A9—Other genetic related intellectual disability**

Behavioral

Code also, if applicable, any associated disorders

# Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)

## Chapter-Specific Coding Guideline Updates

### 3) Psychoactive Substance Use, Unspecified

As with all other unspecified diagnoses, the codes for unspecified psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-, F18.9-, F19.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses).

These codes are to be used only when the psychoactive substance use is associated with a substance related disorder (chapter 5 **disorders** such as sexual dysfunction, sleep disorder, or a mental or behavioral disorder) **or medical condition**, and such a relationship is documented by the provider.

# Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)

## Chapter-Specific Coding Guideline Updates

### 4) Medical Conditions Due to Psychoactive Substance Use, Abuse and Dependence

Medical conditions due to substance use, abuse, and dependence are not classified as substance-induced disorders. Assign the diagnosis code for the medical condition as directed by the Alphabetical Index along with the appropriate psychoactive substance use, abuse or dependence code.

For example, for alcoholic pancreatitis due to alcohol dependence:

- K85.2, Alcohol induced acute pancreatitis
- F10.20, Alcohol dependence, uncomplicated

It would not be appropriate to assign code F10.288, Alcohol dependence with other alcohol-induced disorder.

# Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01 – F99)

## Chapter-Specific Coding Guideline Updates

### 5) Blood Alcohol Level

A code from category Y90, Evidence of alcohol involvement determined by blood alcohol level, may be assigned when this information is documented and the patient's provider has documented a condition classifiable to category F10, Alcohol related disorders. The blood alcohol level does not need to be documented by the patient's provider in order for it to be coded.

# Chapter 6: Diseases of the Nervous System (G00-G99)

**G04.82—Acute flaccid myelitis**                      Neuro/Rehab

Excludes 1: transverse myelitis (G37.3)

**G44.86—Cervicogenic headache**                      Musculoskeletal Rehab

Code also associated cervical spinal condition, if known



# Chapter 6: Diseases of the Nervous System (G00-G99)

**G92.00—Immune effector cell-associated neurotoxicity syndrome, grade unspecified (ICANS) No group assigned**

- Disorder involving the central nervous system that is associated with immune therapies such as chimeric antigen receptor (CAR) T-cell therapy.
- Early manifestations of ICANS include expressive aphasia, tremor, dysgraphia, and lethargy; these symptoms can progress to global aphasia, seizures, obtundation, stupor and coma

# Chapter 6: Diseases of the Nervous System (G00-G99)

G92.00, Immune effector cell-associated neurotoxicity syndrome, grade unspecified

G92.01, Immune effector cell-associated neurotoxicity syndrome, grade 1

G92.02, Immune effector cell-associated neurotoxicity syndrome, grade 2

G92.03, Immune effector cell-associated neurotoxicity syndrome, grade 3

G92.04, Immune effector cell-associated neurotoxicity syndrome, grade 4

G92.05, Immune effector cell-associated neurotoxicity syndrome, grade 5

G92.8, Other toxic encephalopathy

G92.9, Unspecified toxic encephalopathy

# FY 2022 Coding Update

G928	Other toxic encephalopathy	NA	No Group Assigned	No_group	No group assigned	0
G929	Unspecified toxic encephalopathy	NA	No Group Assigned	No_group	No group assigned	0
I5A	Non-ischemic myocardial injury (non-traumatic)	NA	No Group Assigned	No_group	No group assigned	0

# Chapter 6: Diseases of the Nervous System (G00-G99)

**G92.8—Other toxic encephalopathy**      No clinical group

Toxic encephalitis

Toxic metabolic encephalopathy

**G92.9—Unspecified toxic encephalopathy**      No clinical group

Instructional note on both to “Code first”

# Chapter 9: Diseases of the Circulatory System (I00-I99)

**I5A—Non-ischemic myocardial injury (non-traumatic)** No clinical group

Acute (non-ischemic) myocardial injury

Chronic (non-ischemic) myocardial injury

Unspecified (non-ischemic) myocardial injury

Excludes1:

- Acute myocardial infarction (I21.-)
- Injury of heart (S26.-)

Excludes2:

- Other acute ischemic heart diseases (I24.-)

# Chapter 9: Diseases of the Circulatory System (I00-I99)

Code first the underlying cause, if known and applicable, such as:

- Acute kidney failure (N17.-)
- Acute myocarditis (I40.-)
- Cardiomyopathy (I42.-)
- Chronic kidney disease (CKD) (N18.-)
- Heart failure (I50.-)
- Hypertensive urgency (I16.0)
- Nonrheumatic aortic valve disorders (I35.-)
- Paroxysmal tachycardia (I47.-)
- Pulmonary embolism (I26.-)
- Pulmonary hypertension (I27.0, I27.2-)
- Sepsis (A41.-)
- Takotsubo syndrome (I51.81)

# FY 2022 Coding Update

K2281	Esophageal polyp	J	MMTA - Gastrointestinal tract and Genitourinary system	No_group	No group assigned	0
K2282	Esophagogastric junction polyp	J	MMTA - Gastrointestinal tract and Genitourinary system	No_group	No group assigned	0
K2289	Other specified disease of esophagus	J	MMTA - Gastrointestinal tract and Genitourinary system	No_group	No group assigned	0
K31A0	Gastric intestinal metaplasia, unspecified	J	MMTA - Gastrointestinal tract and Genitourinary system	No_group	No group assigned	0
K31A11	Gastric intestinal metaplasia without dysplasia, w the antrum	J	MMTA - Gastrointestinal tract and Genitourinary system	No_group	No group assigned	0
K31A12	Gastric intestinal metaplasia w/o dysplasia, w the body (corpus)	J	MMTA - Gastrointestinal tract and Genitourinary system	No_group	No group assigned	0
K31A13	Gastric intestinal metaplasia without dysplasia, w the fundus	J	MMTA - Gastrointestinal tract and Genitourinary system	No_group	No group assigned	0

# Chapter 11: Diseases of the Digestive System (K00-K95)

**K22.81—Esophageal polyp** MMTA GI/GU

Excludes 1: benign neoplasm of esophagus (D13.0)

**K22.82—Esophageal junction polyp** MMTA GI/GU

Excludes 1: benign neoplasm of stomach (D13.1)

**K22.89—Other specified disease of esophagus** MMTA GI/GU

Hemorrhage of esophagus NOS



# Chapter 11: Diseases of the Digestive System (K00-K95)

K31.A- Gastric intestinal metaplasia      MMTA GI/GU

K31.A0, Gastric intestinal metaplasia, unspecified

K31.A1, Gastric intestinal metaplasia without dysplasia

K31.A11, Gastric intestinal metaplasia without dysplasia, involving the antrum

K31.A12, Gastric intestinal metaplasia without dysplasia, involving the body (corpus)

K31.A13, Gastric intestinal metaplasia without dysplasia, involving the fundus

K31.A14, Gastric intestinal metaplasia without dysplasia, involving the cardia

K31.A15, Gastric intestinal metaplasia without dysplasia, involving multiple sites

K31.A19, Gastric intestinal metaplasia without dysplasia, unspecified site

# FY 2022 Coding Update

L24A0	Irritant cntct derm d/t friction or cntct w body fluids,unsp	A	MMTA - Other	No_group	No group assigned	0
L24A1	Irritant contact dermatitis due to saliva	A	MMTA - Other	No_group	No group assigned	0
L24A2	Irritant cntct derm d/t fecal, urinry or dual incontinence	A	MMTA - Other	No_group	No group assigned	0
L24A9	Irritant cntct derm due friction or cntct w oth body fluids	A	MMTA - Other	No_group	No group assigned	0
L24B0	Irritant contact dermatitis related to unsp stoma or fistula	A	MMTA - Other	No_group	No group assigned	0
L24B1	Irritant contact derm related to digestive stoma or fistula	A	MMTA - Other	No_group	No group assigned	0
L24B2	Irritant contact dermatitis related to resp stoma or fistula	A	MMTA - Other	No_group	No group assigned	0
L24B3	Irritant cntct derm rel to fecal or urinary stoma or fistula	A	MMTA - Other	No_group	No group assigned	0

# Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)

## L24.- Irritant contact dermatitis      MMTA-Other

Section expanded with 8 new codes for various types of contact dermatitis:

- L24.A0—due to friction or contact with unspecified body fluids
- L24.A1—due to saliva
- L24.A2—due to fecal, urinary, or dual incontinence
- L24.A9—due to other body fluids
- L24.B0—related to unspecified stoma or fistula
- L24.B1—related to digestive stoma or fistula
- L24.B2—related to respiratory stoma or fistula
- L24.B3—related to fecal or urinary stoma or fistula

# Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)

## Chapter-Specific Coding Guideline Updates

### (2) Unstageable pressure ulcers

If during an encounter, the stage of an unstageable pressure ulcer is revealed after debridement, assign only the code for the stage revealed following debridement.

# FY 2022 Coding Update

M3110	Thrombotic microangiopathy, unspecified	A	MMTA - Other	No_group	No group assigned	0
M3111	Hematpoetic stem cell txplantation-assoc throm microangiopathy	NA	No Group Assigned	No_group	No group assigned	0
M3119	Other thrombotic microangiopathy	A	MMTA - Other	No_group	No group assigned	0
M3505	Sjogren syndrome with inflammatory arthritis	E	Musculoskeletal Rehabilitation	No_group	No group assigned	0
M3506	Sjogren syndrome with peripheral nervous system involvement	E	Musculoskeletal Rehabilitation	No_group	No group assigned	0
M3507	Sjogren syndrome with central nervous system involvement	E	Musculoskeletal Rehabilitation	No_group	No group assigned	0

# FY 2022 Coding Update

M45A4	Non-radiographic axial spondyloarthritis of thoracic region	E	Musculoskeletal Rehabilitation	No_group	No group assigned	0
M45A5	Non-radiographic axial spondyloarthritis of thrcm region	E	Musculoskeletal Rehabilitation	No_group	No group assigned	0
M45A6	Non-radiographic axial spondyloarthritis of lumbar region	E	Musculoskeletal Rehabilitation	No_group	No group assigned	0
M45A7	Non-radiographic axial spondyloarthritis of lumbosacr region	E	Musculoskeletal Rehabilitation	No_group	No group assigned	0
M45A8	Non-radiographic axial spondyloarthritis sacr/sacrocygl rgn	E	Musculoskeletal Rehabilitation	No_group	No group assigned	0
M45AB	Non-radiographic axial spondyloarthritis mult site in spine	E	Musculoskeletal Rehabilitation	No_group	No group assigned	0
M5450	Low back pain, unspecified	NA	No Group Assigned	No_group	No group assigned	0
M5451	Vertebrogenic low back pain	NA	No Group Assigned	No_group	No group assigned	0
M5459	Other low back pain	NA	No Group Assigned	No_group	No group assigned	0

# Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)

**M31.110 Thrombotic microangiopathy, unspecified** MMTA-Other

**M31.111 Hematopoietic stem cell transplantation-associated thrombotic microangiopathy [HSCT-TMA]** No Grouping

Transplant-associated thrombotic microangiopathy (TA-TMA)

Code first if applicable:

- Complications of bone marrow transplant (T86.0-)
- Complications of stem cell transplant (T86.5)

**M31.119 Other thrombotic microangiopathy** MMTA-Other

# Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)

## Sjögren Syndrome:

- M35.05, Sjögren syndrome with inflammatory arthritis
- M35.06, Sjögren syndrome with peripheral nervous system involvement
- M35.07, Sjögren syndrome with central nervous system involvement
- M35.08, Sjögren syndrome with gastrointestinal involvement
- M35.0A, Sjögren syndrome with glomerular disease
- M35.0B, Sjögren syndrome with vasculitis
- M35.0C, Sjögren syndrome with dental involvement



# Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)

## Non-Radiographic Axial Spondyloarthritis

- Type of arthritis in your spine that causes inflammation.
- Condition affects the joints and the tissues that connect the bones to ligaments or tendons, particularly in the sacroiliac area.
- X-rays do not show damage to the joints

# Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)

M45.A0, Non-radiographic axial spondyloarthritis of unspecified sites in spine  
No Group Assigned

M45.A1, Non-radiographic axial spondyloarthritis of occipito-atlantoaxial region  
All others Musc/Rehab

M45.A2, Non-radiographic axial spondyloarthritis of cervical region

M45.A3, Non-radiographic axial spondyloarthritis of cervicothoracic region

M45.A4, Non-radiographic axial spondyloarthritis of thoracic region

M45.A5, Non-radiographic axial spondyloarthritis of thoracolumbar region

M45.A6, Non-radiographic axial spondyloarthritis of lumbar region

M45.A7, Non-radiographic axial spondyloarthritis of lumbosacral region

M45.A8, Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region

M45.AB, Non-radiographic axial spondyloarthritis of multiple sites in spine

# Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)

M54.50, Low back pain, unspecified

No Group Assigned

M54.51, Vertebrogenic low back pain

M54.59, Other low back pain

# Chapter 15: Pregnancy, Childbirth, and the Puerperium (O00-O9A)

## Chapter-Specific Coding Guideline Updates

### 3) Final character for trimester

Whenever delivery occurs during the current admission, and there is an “in childbirth” option for the obstetric complication being coded, the “in childbirth” code should be assigned.

**When the classification does not provide an obstetric code with an “in childbirth” option, it is appropriate to assign a code describing the current trimester.**

# Chapter 16: Certain Conditions Originating in the Perinatal Period (P00-P96)

- Coding changes noted but not covered as generally not applicable to home health.
  - P0082
  - P091-P099

# FY 2022 Coding Update

R051	Acute cough	NA	No Group Assigned	No_group	No group assigned	0
R052	Subacute cough	NA	No Group Assigned	No_group	No group assigned	0
R053	Chronic cough	NA	No Group Assigned	No_group	No group assigned	0
R054	Cough syncope	NA	No Group Assigned	No_group	No group assigned	0
R058	Other specified cough	NA	No Group Assigned	No_group	No group assigned	0
R059	Cough, unspecified	NA	No Group Assigned	No_group	No group assigned	0
R3581	Nocturnal polyuria	NA	No Group Assigned	No_group	No group assigned	0
R3589	Other polyuria	NA	No Group Assigned	No_group	No group assigned	0

# FY 2022 Coding Update

<b>Diagnosis</b>	<b>Description</b>	<b>Clinical Group</b>	<b>Clinical Group Description</b>	<b>Comorbidity Group</b>	<b>Comorbidity Group Description</b>	<b>Low Comorbidity</b>
R4588	Nonsuicidal self-harm	F	Behavioral Health	No_group	No group assigned	0
R6330	Feeding difficulties, unspecified	NA	No Group Assigned	No_group	No group assigned	0



# Chapter 18: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

R05.1, Acute cough

No Group Assigned

R05.2, Subacute cough

R05.3, Chronic cough

R05.4, Cough syncope

R05.8, Other specified cough

R05.9, Cough, unspecified



# Chapter 18: Symptoms, signs, and abnormal clinical and laboratory findings not elsewhere classified (R00-R99)

R35.81 Nocturnal polyuria

No Group Assigned

R35.89 Other polyuria

# Chapter 18: Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

**R45.88 Nonsuicidal self-harm**

Behavioral Health

Code also injury, if known



# Chapter 18: Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

## Chapter-Specific Coding Guideline Updates

### e. Coma

Code R40.20, Unspecified coma, may be assigned in conjunction with codes for any medical condition.

Do not report codes for **unspecified coma**, individual or total Glasgow coma scale scores for a patient with a medically induced coma or a sedated patient.

# Chapter 18: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

## Chapter-Specific Coding Guideline Updates

### 1) Coma Scale

The coma scale codes (R40.21- to R40.24-) can be used in conjunction with traumatic brain injury codes.

If multiple coma scores are captured within the first 24 hours after hospital admission, assign only the code for the score at the time of admission. ICD-10-CM does not classify coma scores that are reported after admission but less than 24 hours later.

# FY 2022 Coding Update

T40711A	Poisoning by cannabis, accidental (unintentional), init	A	MMTA - Other	No_group	No group assigned	0
T40711D	Poisoning by cannabis, accidental (unintentional), subs	A	MMTA - Other	No_group	No group assigned	0
T40711S	Poisoning by cannabis, accidental (unintentional), sequela	A	MMTA - Other	No_group	No group assigned	0
T40712A	Poisoning by cannabis, self-harm, initial encounter	A	MMTA - Other	No_group	No group assigned	0
T40712D	Poisoning by cannabis, self-harm, subsequent encounter	A	MMTA - Other	No_group	No group assigned	0
T40712S	Poisoning by cannabis, intentional self-harm, sequela	A	MMTA - Other	No_group	No group assigned	0
T40713A	Poisoning by cannabis, assault, initial encounter	A	MMTA - Other	No_group	No group assigned	0
T40713D	Poisoning by cannabis, assault, subsequent encounter	A	MMTA - Other	No_group	No group assigned	0
T40713S	Poisoning by cannabis, assault, sequela	A	MMTA - Other	No_group	No group assigned	0
T40714A	Poisoning by cannabis, undetermined, initial encounter	A	MMTA - Other	No_group	No group assigned	0
T40714D	Poisoning by cannabis, undetermined, subsequent encounter	A	MMTA - Other	No_group	No group assigned	0
T40714S	Poisoning by cannabis, undetermined, sequela	A	MMTA - Other	No_group	No group assigned	0

# Chapter 19: Injury, poisoning, and certain other consequences of external causes (S00-T88)

Code T40.7 expanded with two new subcategories:

- T40.71, Poisoning by, adverse effect of and underdosing of cannabis (derivatives) MMTA-Other
- T40.72, Poisoning by, adverse effect of and underdosing of synthetic cannabinoids MMTA-Other

# Chapter 19: Injury, poisoning, and certain other consequences of external causes (S00-T88)

T80.82XA, Complication of immune effector cellular therapy, initial encounter MMTA-  
Other

T80.82XD, Complication of immune effector cellular therapy, subsequent encounter

T80.82XS, Complication of immune effector cellular therapy, sequela

# Chapter 19: Injury, poisoning, and certain other consequences of external causes (S00-T88)

## Chapter-Specific Coding Guideline Updates

### 6) Burns and corrosions classified according to extent of body surface involved

Assign codes from category T31, Burns classified according to extent of body surface involved, or T32, Corrosions classified according to extent of body surface involved, **for acute burns or corrosions** when the site of the burn **or corrosion** is not specified or when there is a need for additional data.

Codes from categories T31 and T32 should not be used for sequelae of burns or corrosions.



# FY 2022 Coding Update

Z555	Less than a high school diploma	NA	No Group Assigned	No_group	No group assigned	0
Z586	Inadequate drinking-water supply	NA	No Group Assigned	No_group	No group assigned	0
Z5900	Homelessness unspecified	NA	No Group Assigned	No_group	No group assigned	0
Z5901	Sheltered homelessness	NA	No Group Assigned	No_group	No group assigned	0
Z5902	Unsheltered homelessness	NA	No Group Assigned	No_group	No group assigned	0
Z5941	Food insecurity	NA	No Group Assigned	No_group	No group assigned	0
Z5948	Other specified lack of adequate food	NA	No Group Assigned	No_group	No group assigned	0
Z59811	Housing instability, housed, with risk of homelessness	NA	No Group Assigned	No_group	No group assigned	0
Z59812	Housing instability, housed, homelessness in past 12 months	NA	No Group Assigned	No_group	No group assigned	0
Z59819	Housing instability, housed unspecified	NA	No Group Assigned	No_group	No group assigned	0
Z5989	Other problems related to housing and economic circumstances	NA	No Group Assigned	No_group	No group assigned	0

# FY 2022 Coding Update

Z91014	Allergy to mammalian meats	NA	No Group Assigned	No_group	No group assigned	0
Z9151	Personal history of suicidal behavior	NA	No Group Assigned	No_group	No group assigned	0
Z9152	Personal history of nonsuicidal self-harm	NA	No Group Assigned	No_group	No group assigned	0
Z92850	Personal history of Chimeric Antigen Receptor T-cell therapy	NA	No Group Assigned	No_group	No group assigned	0
Z92858	Personal history of other cellular therapy	NA	No Group Assigned	No_group	No group assigned	0
Z92859	Personal history of cellular therapy, unspecified	NA	No Group Assigned	No_group	No group assigned	0
Z9286	Personal history of gene therapy	NA	No Group Assigned	No_group	No group assigned	0

# Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)

## Social Determinants of Health:

- Z55.5, Less than a high school diploma
- Z58.6, Inadequate drinking-water supply
- Z59.00, Homelessness unspecified
- Z59.01, Sheltered homelessness
- Z59.02, Unsheltered homelessness
- Z59.41, Food insecurity
- Z59.48, Other specified lack of adequate food
- Z59.811, Housing instability, housed, with risk of homelessness
- Z59.812, Housing instability, housed, homelessness in past 12 months
- Z59.819, Housing instability, housed unspecified
- Z59.89, Other problems related to housing and economic circumstances

# Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)

Z71.85, Encounter for immunization safety counseling

Z91.014, Allergy to mammalian meats

Z91.51, Personal history of suicidal behavior

Z91.52, Personal history of non-suicidal self-harm

Z92.850, Personal history of Chimeric Antigen Receptor T-cell therapy

Z92.858, Personal history of other cellular therapy

Z92.859, Personal history of cellular therapy, unspecified

Z92.86, Personal history of gene therapy

# Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)

## Chapter-Specific Coding Guideline Updates

### 4) History (of)

The reason for the encounter (for example, screening or counseling) should be sequenced first and the appropriate personal and/or family history code(s) should be assigned as additional diagnos(es).

# Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)

## Chapter-Specific Coding Guideline Updates

### 17) Social Determinants of Health

Codes describing social determinants of health (SDOH) should be assigned when this information is documented.

For social determinants of health, such as information found in categories Z55-Z65, Persons with potential health hazards related to socioeconomic and psychosocial circumstances, code assignment may be based on medical record documentation from clinicians involved in the care of the patient who are not the patient's provider since this information represents social information, rather than medical diagnoses.

For example, coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record.



# Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)

## Chapter-Specific Coding Guideline Updates

### 17) Social Determinants of Health, cont.

Patient self-reported documentation may be used to assign codes for social determinants of health, as long as the patient self-reported information is signed-off by and incorporated into the medical record by either a clinician or provider.

# Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)

Chapter-Specific Coding Guideline Updates

17) Social Determinants of Health, cont.

Social determinants of health codes located primarily in these Z code categories:

- Z55 Problems related to education and literacy
- Z56 Problems related to employment and unemployment
- Z57 Occupational exposure to risk factors
- Z58 Problems related to physical environment
- Z59 Problems related to housing and economic circumstances
- Z60 Problems related to social environment
- Z62 Problems related to upbringing
- Z63 Other problems related to primary support group, including family circumstances
- Z64 Problems related to certain psychosocial circumstances
- Z65 Problems related to other psychosocial circumstances



# Chapter 22: Codes for Special Purposes (U00-U85)

U09.9, Post COVID-19 condition, unspecified

No Group Assigned



# Chapter 22: Codes for Special Purposes (U00-U85)

## Chapter-Specific Coding Guideline Updates

**U07.0** Vaping-related disorder (see Section I.C.10.e., Vaping-related disorders)

**U07.1** COVID-19 (see Section I.C.1.g.1., COVID-19 infection)

**U09.9** Post COVID-19 condition, unspecified (see Section I.C.1.g.1.m)



# FY 2022 Coding Update

## **Modified Return Code Descriptions**

The following Return Codes had a description change.

## **Modified Return Code Descriptions**

<b>Return Code</b>	<b>Previous Description</b>	<b>Current Description</b>
5	No clinical group assigned for pdx, or it is a manifestation code or external cause of injury code	No clinical group assigned for PDX; the pdx is either not a reason for a Home Health period of care, or it is a manifestation code, an unacceptable pdx or an external cause of injury code

# No Change

- Chapter 7: Diseases of the Eye and Adnexa (H00-H59)
- Chapter 8: Diseases of the Ear and Mastoid Process (H60-H95)
- Chapter 10: Diseases of the Respiratory System (J00-J99), U07.0
- Chapter 14: Diseases of the Genitourinary System (N00-N99)
- Chapter 17: Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)
- Chapter 20: External Causes of Morbidity (V00-Y99)

# Coding Clinic Updates



# Coding Clinic Updates 2<sup>nd</sup> Quarter



# Question

A five-year-old female with profound developmental delays and epilepsy has chronic static encephalopathy secondary to epilepsy and epileptic encephalopathy. In the Alphabetic Index, under the main term Encephalopathy, there is no subentry for static. What is the appropriate ICD-10-CM diagnosis code assignment for chronic static encephalopathy secondary to epilepsy and epileptic encephalopathy? Is static encephalopathy inherent to the epilepsy and not coded separately?

# Answer

- Assign code G93.49, Other encephalopathy, for chronic static encephalopathy. Also assign code G40.909 Epilepsy, unspecified, not intractable, without status epilepticus, for the epilepsy.
- Although the static encephalopathy is linked to the epilepsy, the provider has documented it is a chronic condition.
- Unlike transient epileptic encephalopathy occurring in the postictal state, where the patient returns to baseline, static encephalopathy is a chronic or permanent condition and is therefore coded separately.



# Question

What is the appropriate code assignment for a major neurocognitive disorder without behavioral disturbance when the underlying etiology is unknown, or not further specified?

Depending on how the Alphabetic Index is referenced, the coding professional may arrive at different code assignments, F03.90 versus F01.50.

# Answer

- Assign code F03.90, Unspecified dementia without behavioral disturbance, for a major neurocognitive disorder, when the underlying condition is unknown or not further specified.
- Although “Major neurocognitive disorder without behavioral disturbance” is an inclusion term under code F01.50, Vascular dementia without behavioral disturbance, in this case, the etiology is unknown. Therefore, it would not be appropriate to assign a code for vascular dementia.

# Question

A 79-year-old patient is diagnosed with secondary hypercoagulable state and has a history of paroxysmal atrial fibrillation (AF) on anticoagulant maintenance. Does the provider need to link the secondary hypercoagulable state with the atrial fibrillation? What is the appropriate ICD-10-CM code assignment for secondary hypercoagulable state in this scenario?

# Answer

- Assign code D68.69, Other thrombophilia, for secondary hypercoagulable state.
- Secondary hypercoagulable state is specifically indexed to this code and includes secondary hypercoagulable state NOS. Secondary hypercoagulable states are acquired disorders of thrombosis due to complex and multifactorial mechanisms.
- Patients with AF on chronic anticoagulant therapy may have an increased incidence of acquired hypercoagulable state. However, unless specifically documented by the provider, coding professionals should not assume the presence of a secondary (acquired) hypercoagulable state, in patients with atrial fibrillation.
- In this case, although the provider did not link the hypercoagulable state to the atrial fibrillation, secondary hypercoagulable state was documented by the provider.

# Question

The patient was diagnosed with chronic bilateral subsegmental pulmonary emboli (PE). In the Alphabetic Index under Embolism, pulmonary, there are separate subentries at the same indentation level for chronic and multiple subsegmental. Coding Clinic Fourth Quarter 2019, page 7, appears to imply that it is more important to capture that the emboli are subsegmental as this is important clinical information. What is the correct code assignment for chronic bilateral subsegmental pulmonary emboli?

# Answer

- Assign codes I26.94, Multiple subsegmental pulmonary emboli without acute cor pulmonale, and I27.82, Chronic pulmonary embolism, for bilateral chronic subsegmental pulmonary emboli.
- Both codes are needed to fully describe the patient's condition and the Excludes 2 note at category I26, Pulmonary embolism, indicates it is acceptable to use both codes when appropriate.

# Coding Clinic Updates 3<sup>rd</sup> Quarter



# Question

A patient was admitted with anemia due to chemotherapy. The patient had previously received chemotherapy for primary refractory acute myeloid leukemia now in remission. When a patient with acute myeloid leukemia in remission is admitted for treatment of anemia due to chemotherapy, which condition should be sequenced as the principal diagnosis?



# Answer

- Sequence code D64.81, Anemia due to antineoplastic chemotherapy, as the principal diagnosis.
- Also assign codes T45.1X5A, Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter, and C92.01, Acute myeloblastic leukemia, in remission.
- Although there is an Excludes 1 note at category D64, Other anemias, which means the two codes cannot be assigned together, both codes are required to capture anemia due to chemotherapy and acute myeloid leukemia. These are separate conditions, which are unrelated, as the anemia was caused by the chemotherapy not the AML and thus an exception to the Excludes 1 note.

# Question

A patient presented with chest pain and underwent cardiac workup, including coronary angiography. The patient has known coronary artery disease, status post stent placement in the left anterior descending (LAD), left circumflex (LCx) and right coronary (RCA) arteries. The provider documented, “in-stent” restenosis in all three previously placed coronary artery stents.

In many cases, the health record documentation does not provide the specificity needed to determine the cause of the stenosis. How is “in-stent” restenosis not further specified coded? In this instance, should the coding professional query the provider to determine the cause of the “in-stent” restenosis?

# Answer

- Assign code T82.855A, Stenosis of coronary artery stent, initial encounter, for the “in-stent” restenosis and I25.10, Atherosclerotic heart disease of native coronary artery without angina pectoris, for the CAD.
- ICD-10-CM classifies stenosis or narrowing that is within the stent or “in-stent,” as a complication, unless specifically documented as due to disease progression.

# Question

What is the diagnosis code for a stage 3 gluteal cleft pressure ulcer? Are two codes required in order to capture the correct location since the gluteal cleft appears to be between both sides of the buttocks?

# Answer

- Assign code L89.153, Pressure ulcer of sacral region, stage 3, for the stage 3 gluteal cleft pressure ulcer.
- The gluteal cleft is the groove between the buttocks that runs from just below the sacrum to the perineum, therefore assign “sacral region.” Inclusion terms under code category L89.15- include “Pressure ulcer of coccyx” and “Pressure ulcer of tailbone.” Since there is no specific code for gluteal cleft, sacral region is the closest available equivalent.

Coming Soon



# 2021 March Coordination and Maintenance Meeting

All Dementia codes:

- F01.10 Vascular dementia, mild, without behavioral disturbance, psychotic disorder, and mood disorder
- F01.11 Vascular dementia, mild, with behavioral disturbance
- F01.111 Vascular dementia, mild, with agitation
- F01.118 Vascular dementia, mild, with other behavioral disturbance
- F01.12 Vascular dementia, mild, with psychotic disorder
- F01.13 Vascular dementia, mild, with mood disorder
- F01.14 Vascular dementia, mild, with anxiety



# 2021 September Coordination and Maintenance Meeting

Proposed new codes:

- E88.810 Insulin resistance syndrome, Type A
- E88.818 Other metabolic syndrome, insulin resistance syndrome, Type B
- E88.819 Metabolic syndrome, unspecified
- Z28.310 Unvaccinated for COVID-19
- Z28.311 Partially vaccinated for COVID-19
- Z28.39 Other under-immunization status



# Coding Wrap-up

- Always request records if there is no medical records to support the coding
- Avoid coding anything suspected or stated by patient without confirmation
- Ask for clear direction on the focus of care if it is not evident
- Use your book or appropriate online resource for coding and read all the fine print

# References

<https://www.cdc.gov/nchs/icd/icd10cm.htm>

Coding Clinic

Home Health ICD-10-CM Diagnosis Coding Manual



# Questions?

Nanette Minton, RN, CHPCA, HCS-D, HCS-H  
nanette.minton@mac-legacy.com





Empowering Care  
Anytime, Anywhere

