

2021 ICD-10 Diagnosis Code Updates

The Centers for Medicare and Medicaid Services (CMS) has published and made available the 2021 ICD-10-CM updates. The 2021 ICD-10-CM codes are to be used for services and encounters occurring from October 1, 2020 through September 30, 2021.

****IMMEDIATE ACTION IS NEEDED****

Immediately identify any deleted or revised ICD-10 codes that are referenced or used in any of your practice resources, i.e., charge tickets/superbills, EHR templates, conditions/rules, medical necessity edits and update these resources to accommodate new/deleted/changed diagnosis codes. Immediately contact any of your vendors who maintain ICD-10 files to confirm annual updates have been made; if not procure date of update.

To assist our users, MEDTRON has created a [2021 ICD-10 Code Resource Grid](https://www.medtronsoftware.com/pdf/Documents/MSI_2021_ICD-10-CM_Code_Resource_Grid.xlsx) available via:

https://www.medtronsoftware.com/pdf/Documents/MSI_2021_ICD-10-CM_Code_Resource_Grid.xlsx

See page 7 of this newsletter for further details!

2021 ICD-10 Code Count by Specialty

The changes include 490 new codes, 18 revisions, and 19 deleted codes; a total of 72,747 active ICD-10-CM codes are now available for use.

Specialty	New	Deleted	Revised
Cardiovascular	2	-	-
Dermatology	12	-	-
Gastroenterology	20	-	-
Genitourinary	11	-	-
Maternity Care	5	-	3
Medicine	262	18	13
Musculoskeletal	67	-	-
Neoplasms	0	-	-
Neurology	41	-	-
Obstetrics	4	1	3
Ophthalmology	55	-	-
Pediatrics	28	-	-
Psychiatry	4	-	-
Respiratory	65	-	1
Surgery	135	-	-
Vascular	51	-	4

NOTE: Codes may be listed in multiple specialties.
Not all specialties are listed above.

ICD-10 U07.0 Vaping Related Disorder and U07.1 COVID-19 have an effective date of 04/01/2020.

Evaluation & Management (E&M) Codes 2021 Updates - Are You Ready?

The Centers for Medicare & Medicaid Services (CMS) will proceed with changes to new and established office/outpatient level of service (99202-99215) documentation requirements. CPT 99201 will be deleted effective 01/01/2021.

See News Blasts recently published available via www.medtronsoftware.com

Evaluation & Management (E&M) Coding in 2021 :

2021 Evaluation & Management (E&M) Coding: 'OVERARCHING CRITERION' - Medical Necessity

Watch for News Blasts regarding specifics on:

Time
Medical Decision Making
Prolonged Services

COMING SOON

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2021 ICD-10-CM CMS UPDATE FILES

The 2021 ICD-10-CM files containing information on the ICD-10-CM updates for 2021 are available via:
<https://www.cms.gov/medicare/icd-10/2021-icd-10-cm>

Coding Guidelines:

<https://www.cms.gov/files/document/2021-coding-guidelines.pdf>

NOTE: Narrative changes appear in **bold** text. Items underlined have been moved within the guidelines.
Italics are used to indicate revisions to heading changes.

Code Descriptions in Tabular Order: *(includes a complete list of codes)*

<https://www.cms.gov/files/zip/2021-code-tables-and-index.zip>

Code Addenda's: *(includes updates per ICD-10 sections of Additions, Deletions and Revisions)*

<https://www.cms.gov/files/zip/2021-addendum.zip>

Conversion Table: *(includes code assignments with effective year)*

<https://www.cms.gov/files/zip/2021-conversion-table.zip>

COVID-19 GUIDELINES CLARIFIED

see '[Coding Guidelines](#)' above to review all guideline updates

Section I, C Chapter 1, g **Coronavirus infections:**

- (a) Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider or documentation of a positive COVID-19 test result. For a confirmed diagnosis, assign code U07.1 COVID-19. This is an exception to the hospital inpatient guideline Section II, H. In this context, "confirmation" does not require documentation of a positive test result for COVID-19; the provider's documentation that the individual has COVID-19 is sufficient.

If the provider documents "suspected," "possible," "probable," or "inconclusive" COVID-19, do not assign code U07.1. Instead, code the signs and symptoms reported. See Coding Guideline I.C.1.g.1.g.

- (b) Sequencing of codes

When COVID-19 meets the definition of principal diagnosis, code U07.1 COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, except when another guideline requires that certain codes be sequenced first, such as obstetrics, sepsis, or transplant complications.

- (c) Acute respiratory manifestations of COVID-19

When the reason for the encounter/admission is a respiratory manifestation of COVID-19, assign code U07.1 COVID-19, as the principal/first-listed diagnosis and assign code(s) for the respiratory manifestation(s) as additional diagnoses.

The following conditions are examples of common respiratory manifestations of COVID-19.

- (i) Pneumonia - For a patient with pneumonia confirmed as due to COVID-19, assign codes U07.1 COVID-19, and J12.89 Other viral pneumonia.
- (ii) Acute bronchitis - For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8 Acute bronchitis due to other specified organisms.
Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using code U07.1 and J40 Bronchitis, not specified as acute or chronic.
- (iii) Lower respiratory infection - If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, codes U07.1 and J22 Unspecified acute lower respiratory infection, should be assigned.
If the COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8 Other specified respiratory disorders, should be assigned.
- (iv) Acute respiratory distress syndrome (ARDS) due to COVID-19, assign codes U07.1, and J80 Acute respiratory distress syndrome.
- (v) Acute respiratory failure - due to COVID-19, assign code U07.1, and code J96.0- Acute respiratory failure.

- (d) Non-respiratory manifestations of COVID-19

When the reason for the encounter/admission is a non-respiratory manifestation (e.g., viral enteritis) of COVID-19, assign code U07.1 COVID-19, as the principal/first-listed diagnosis and assign code(s) for the manifestation(s) as additional diagnoses.

COVID-19 GUIDELINES CLARIFIED (cont.)

see [‘Coding Guidelines’](#) (prior page) to review all guideline updates

COVID-19

(e) Exposure to COVID-19

For asymptomatic individuals with actual or suspected exposure to COVID-19, assign code Z20.828 Contact with and (suspected) exposure to other viral communicable diseases.

For symptomatic individuals with actual or suspected exposure to COVID-19 and the infection has been ruled out, or test results are inconclusive or unknown, assign code Z20.828 Contact with and (suspected) exposure to other viral communicable diseases. See Coding Guideline I.C.21.c.1, Contact/Exposure, for additional guidance regarding the use of category Z20 codes.

If COVID-19 is confirmed, see Coding Guideline I.C.1.g.1.a.

(f) Screening for COVID-19

During the COVID-19 pandemic, a screening code is generally not appropriate. For encounters for COVID-19 testing, including preoperative testing, code as exposure to COVID-19, see Coding Guideline I.C.1.g.1.e.

Coding guidance will be updated as new information concerning any changes in the pandemic status becomes available.

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

For patients presenting with 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 Cough
- R06.02 Shortness of breath
- R50.9 Fever, unspecified

Remember to avoid use of ‘UNSPECIFIED ICD-10 Codes!’

If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to COVID-19, assign Z20.828 Contact with and (suspected) exposure to other viral communicable diseases, as an additional code.

(h) Asymptomatic individuals who test positive for COVID-19

For asymptomatic individuals who test positive for COVID-19, see guideline I.C.1.g.1.a. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.

(i) Personal history of COVID-19

For patients with a history of COVID-19, assign code Z86.19 Personal history of other infectious and parasitic diseases.

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

For individuals who previously had COVID-19 and are being seen for follow-up evaluation, and COVID-19 test results are negative, assign codes Z09 Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, and Z86.19 Personal history of other infectious and parasitic diseases.

(k) Encounter for antibody testing

For an encounter for antibody testing that is not being performed to confirm a current COVID-19 infection, nor is a follow-up test after resolution of COVID-19, assign Z01.84 Encounter for antibody response examination.

Follow the applicable guidelines above if the individual is being tested to confirm a current COVID-19 infection.

For follow-up testing after a COVID-19 infection, see Coding Guideline I.C.1.g.1.j.

Additional guidance under the COVID-19 infection in pregnancy, childbirth and the puerperium section in chapter 15. The first paragraph instructs to report O98.5_ Other viral diseases complicating pregnancy, childbirth and the puerperium as the primary diagnosis followed by U07.1.

A new paragraph states that when a patient tests positive for COVID-19 during an encounter that is unrelated to the disease the diagnosis codes should be sequenced as follows:

O98.5_ Reason for the encounter and U07.1 followed by any appropriate COVID-19 manifestation codes.



The American Academy of Family Physicians (AAFP) has created a four-part flowchart to help providers navigate ICD-10 coding and properly assign diagnosis codes related to COVID-19 encounters. The flow charts are available via: https://www.aafp.org/journals/fpm/blogs/inpractice/entry/covid_diagnosis_flowcharts.html.

MALIGNANCY “ACTIVE” VS “HISTORY OF”

Many medical terms are similar, some words may have multiple meanings, and other words can change the ICD-10 code from ‘active’ to ‘history of’. When coding for **malignancy** it’s important to know if a malignancy is active or if it’s a history of.

Terms to help determine status include:

Current: Active treatment is occurring for the purpose of curing or palliating cancer.

Adjuvant: Additional treatment such as hormonal therapy, radiation therapy, or chemotherapy.

History: Cancer-free state with no evidence of disease and no treatment occurring.

Debulked: Partially removed.

Removed/Erased: Completely removed.

Remission: This can be a partial or complete decrease of symptoms/signs of cancer. In partial remission, some signs and symptoms may still be occurring; while in complete remission, the signs and symptoms are gone but the chance of having malignancy in the body is possible.

Watch and wait: Closely monitoring a patient without treatment unless symptoms begin occurring.

Words/phrases in documentation that indicate the diagnosis is not confirmed include Suspected, Questionable, Likely, Possible, Still to be ruled out, May be, Presumed, Consistent with, Suggestive of, Compatible with; these are all uncertain words that do not qualify the diagnosis. When any of these words are used, only the symptoms should be coded for outpatient coding (inpatient guidelines differ).

For example, if the provider writes, “The patient’s mass is likely malignant lung cancer,” a mass must be coded until a definitive diagnosis is made.

NEOPLASM: “UNCERTAIN” VS. “UNSPECIFIED”

A ‘mass’ or ‘lump’ is not always a neoplastic growth; these are not to be coded from the Neoplasm table unless the provider gives a more definitive diagnosis. Usually with a mass or lump codes from the ‘disease’ section are coded.

Uncertain behavior for neoplasms is used when the behavior of the cells is not able to be predicted by the pathologist and charted as such by the physician.

The Neoplasm General Guidelines state, “To properly code a neoplasm, it is necessary to determine from the record if the neoplasm is benign, in-situ, malignant, or of uncertain histologic behavior.”

There must be provider documentation of the type of tumor in the medical record. A diagnosis of uncertain histologic behavior is a legitimate diagnosis. It means that the lesion is currently benign, but could become malignant over time. This diagnosis, uncertain behavior, is not to be confused with unspecified in the ICD-10 Table of Neoplasms.

Unspecified behavior for neoplasms is used when the information in the chart is not enough to assign a more accurate code. This could occur if the medical record has the diagnosis of ovarian tumor but does not document the behavior as benign or malignant.

Coding Guideline I.A.9.b. states, “Codes titled ‘unspecified’ are for use when the information in the medical record is insufficient to assign a more specific code. For those categories for which an unspecified code is not provided, the ‘other specified’ code may represent both other and unspecified.”

For example, a diagnosis of tumor of the ovary would lead to the unspecified behavior column (of the ICD-10 Table of Neoplasms) if it is unable to determine from the medical record the specified behavior of the tumor.

CONVERSION OF “EXCLUDE 1” NOTES TO “EXCLUDE 2” NOTES

Excludes 1 notes indicate that the excluded code should never be used with the code above it. Example: R27.0 Ataxia NOS can NEVER be used with the R26. ___ Abnormalities of gait and mobility series of codes.

R26 Abnormalities of gait and mobility
EXCLUDES1 ataxia NOS (R27.0)
 hereditary ataxia (G11.-)
 locomotor (syphilitic) ataxia (A52.11)
 immobility syndrome (paraplegic) (M62.3)

Excludes 2 note indicates *according to the ICD-10-CM Official Guidelines for Coding and Reporting (Section I., A., 12)* that “the condition excluded is not part of the condition represented by the <below> code, and a patient may have both conditions at the same time”.

As an example, under category M22. ___ Disorder of patella, S83.0 ___ Traumatic dislocation of patella an Excludes 2 note was added for 2021.

M22 Disorder of patella
EXCLUDES2 *traumatic dislocation of patella (S83.0-)

ICD-10 Chapter:

- 3: Diseases of the Blood and Blood-Forming Organs include additional codes to describe complications associated with sickle-cell and hemoglobin-C (Hb-C) diseases. For example, a note for new sickle-cell thalassemia code D57.418 Sickle-cell thalassemia, unspecified, with crisis with other specified complication) instructs the coder to code any identified complications such as K80. ___ Cholelithiasis or N48.32 Priapism due to disease classified elsewhere.
- 6: Diseases of the Nervous System, “pseudotumor” has been added as a clarifying term to G93.2 Benign intracranial hypertension and coders are instructed to code G98.81 ___ Intracranial Hypotension with G96.0 Cerebrospinal fluid leak when applicable.
- 9: Diseases of the Circulatory System, even though no actual codes changed, there are numerous revisions to includes and excludes notes for existing codes. For example: I70.2 ___ Atherosclerosis of native arteries of the legs with ulceration now include both critical and chronic ischemia of native arteries with ulceration. In addition, the list of diagnoses included in I11. ___ Hypertensive Heart Disease has been revised to exclude I51.81 Takotsubo Syndrome, also known as “broken heart” syndrome.
- 10: Diseases of the Respiratory System, for cases of J04. ___ Acute laryngitis and tracheitis and acute obstructive laryngitis (croup) and J05. ___ Epiglottitis providers are now to code also influenza (J09.X2, J11.1) if present, including J10.1: Influenza due to identified novel influenza A virus with other respiratory manifestations.

HEADACHE ICD-10 CODES

Providers will need to be specific when coding ‘headache’ as a symptom.

ICD-10 code R51: Headache has been split into two codes:

NEW ICD-10 Code	ICD-10 Short Description
R51.0	HEADACHE W ORTHOSTTIS COMPONENT NEC
R51.9	HEADACHE, UNSPECIFIED

Another source of new headache coding is found in new codes for intracranial hypotension - the severe orthostatic headache that is a common symptom of a Cerebral Spinal Fluid (CSF) leak:

NEW ICD-10 Code	ICD-10 Short Description
G96.00	CEREBROSPINAL FLUID LEAK UNSP
G96.01	CRANIL CEREBROSPNL FLUID LEAK SPONT
G96.02	SPINAL CEREBROSPINAL FLUID LK SPONT
G96.08	OTH CRANIL CEREBROSPINAL FLUID LEAK
G96.09	OTH SPINAL CEREBROSPINAL FLUID LEAK
G96.810	INTRACRANIAL HYPOTENSION UNSPEC
G96.811	INTRACRANIAL HYPOTENSION SPONT
G96.819	OTHER INTRACRANIAL HYPOTENSION
G96.89	OTH SPEC DIS CENT NERV SYS
G97.83	INTRACRNL HYPTNSN LUMBR CSF SHUNT
G97.84	INTRACRNL HYPTNSN LUMBR OTH PROC

ENCOUNTER FOR OBSERVATION ICD-10 CODES LISTED IN FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES

ICD-10 Guidelines, Section I.C.21 Factors influencing encounter for health status and contact with health services have been revised with new language to create a second exception to the rule that the encounter for observation codes: Z03.6, Z03.810, Z03.818, Z03.821-Z03.823, Z03.89, Z04.1-Z04.89, Z04.9, Z05.0-Z05.9 are primary.

Excerpt:

The encounter for observation codes are **primarily** to be used as a principal/**first-listed** diagnosis. **An encounter for observation code may be assigned as a secondary diagnosis code when the patient is being observed for a condition that is ruled out and is unrelated to the principal/first-listed diagnosis (e.g., patient presents for treatment following injuries sustained in a motor vehicle accident and is also observed for suspected COVID-19 infection that is subsequently ruled out).** Also, when the principal diagnosis is required to be a code from category Z38 Liveborn infants according to place of birth and type of delivery, **then** a code from category Z05 Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out, is sequenced after the Z38 code. Additional codes may be used in addition to the encounter for observation code, but only if they are unrelated to the suspected condition being observed.

NEW ICD-10 CODES FOR WITHDRAWAL

ICD-10 Code	ICD-10 Short Description	ICD-10 Code	ICD-10 Short Description
F10.132	ALCOHOL ABUSE W WDRWL W PERC DIST	F13.131	SEDATV-HYP-ANXLYTC ABSE W WDRWL DEL
F10.930	ALCOHOL USE UNSP W WDRWL UNCOMP	F13.132	SEDATVHYPANX ABUS WDRWL WPERC DIST
F10.931	ALCOHOL USE UNSP W WDRWL DELERIUM	F13.139	SEDATV-HYP-ANX ABUSE W WDRWL UNSP
F10.932	ALCOHOL USE UNSP WDRWL W PERC DIST	F19.130	OTH PSYCHO SUB ABUSE W WDRWL UNCOMP
F10.939	ALCOHOL USE, UNSP WITH WDRWL, UNSP	F19.131	OTH PSYCOACTV SUB ABUSE WDRWL DEL
F13.130	SEDATV-HYP-ANX ABUSE W WDRWL UNCOMP	F19.139	OTH PSYCHO SUB ABUSE W WDRWL UNSPEC

See abbreviations used per the [2021 ICD-10 Code Resource Grid](#).

MEDWEB/MEDEHR DIAGNOSIS SUPPORT FILE

To Access the MEDWEB Diagnosis Code Master:

At the Dashboard, click 'Setup and Support'

Click 'Diagnosis'


Search is available via Diagnosis Code (no decimal), Description, or ICD-10 Code (with decimal) with options to search ICD-9, ICD-10 or Both code sets.

NOTE: ICD-10 is the default code set.

Below is an example of a search for 'lesion' in the 'Description'.

Remember to be mindful of the abbreviations used per the [2021 ICD-10 Code Resource Grid](#).

See page 8 of this newsletter.


MEDTRON
 SOFTWARE INTELLIGENCE

Setup and Support
 Diagnosis
 Mode: SEARCH

9S-MDS TESTING PR MDS - 9S
 USER ID: TAMMY
 Friday, October 02, 20YY 5:30:09 PM
 Log Off
 Change Practice

PATIENT INFORMATION SETUP AND SUPPORT FRONT DESK / OTHER ENTRY REPORTS

Action Search Description

	Diagnosis Code	Description	ICD-Code
<input type="checkbox"/>	S14117S	CMPL LESION C7 LEVEL C-SPN CORD SEQ	S14.117S
<input type="checkbox"/>	S14117D	CMPL LESION C7 LEVEL C-SPN CORD SUB	S14.117D
<input type="checkbox"/>	S14118S	CMPL LESION C8 LEVEL C-SPN CORD SEQ	S14.118S
<input type="checkbox"/>	S14118D	CMPL LESION C8 LEVEL C-SPN CORD SUB	S14.118D
<input type="checkbox"/>	S34111A	CMPL LESION L1 LEVEL LS CORD INIT	S34.111A
<input type="checkbox"/>	S34111S	CMPL LESION L1 LEVEL LS CORD SEQ	S34.111S
<input type="checkbox"/>	S34111D	CMPL LESION L1 LEVEL LS CORD SUB	S34.111D
<input type="checkbox"/>	S34112A	CMPL LESION L2 LEVEL LS CORD INIT	S34.112A

MEDTRON 2021 ICD-10-CM CODE RESOURCE GRID

MEDTRON has created a [2021 ICD-10 Code Resource Grid](https://www.medtronsoftware.com/pdf/Documents/MSI_2021_ICD-10-CM_Code_Resource_Grid.xlsx) available via:

[https://www.medtronsoftware.com/pdf/Documents/MSI_2021 ICD-10-CM Code Resource Grid.xlsx](https://www.medtronsoftware.com/pdf/Documents/MSI_2021_ICD-10-CM_Code_Resource_Grid.xlsx)

The ICD-10-CM Resource Grid is an excel spreadsheet that contains:

Chapter List-Index: ICD-10-CM Chapter List and Index of available tabs/worksheets.

ICD-10 2021 Code List: Full ICD-10-CM Code List with Code, Long Description, **MEDPM** Short Description and several code indicators, i.e., Non-Primary Dx, Code Additional, Gender Specific, Age Specific, and more!

Legend: Identifies column descriptions and **MEDPM** edits/warnings.

2021 New Codes: New code list with specialty indicator.

2021 Deleted Codes: Deleted code list with replacement codes and specialty indicator.

2021 Revised Codes: Revised code list with specialty indicator.

MEDPM Abbreviations: Abbreviations used in **MEDPM** for diagnosis descriptions.

RESOURCE GRID - ICD-10 2021 CODE LIST

ICD-10 2021 Code List tab has filters applied so users can easily manage/search for data/information needed. All codes listed are active codes with the current description.

MEDPM 2021 ICD-10 Resource Grid				Hide column C or this column to reduce width for vertical monitor		Back to Chapter List/Index				
NOTE: Click the column header description to access the "Legend" for column explanations. Red text = New Codes										
Avoid use of UNSPECIFIED codes to prevent carrier denials										
ICD-10 Code	Dg Code	ICD-10 Long Description	MEDPM ICD-10 Short Description	Primary (P) Non-Primary DX (L/X) Code First (W) (QIPRIN)	Code Additional (+) (QI/VALD)	Acute Manifestation (1) (HOLD EDIT) (QI/AMAN)	Lateral Indicator (HOLD EDIT) (QI/MCDE)	Unspecified (O/U) (QI/DIGT)	Gender Specific (M/F) (QI/GINDR)	
D89.49	D8949	Other mast cell activation disorder	OTHER MAST CELL ACTIVATION DISORDER					O		
D89.810	D89810	Acute graft-versus-host disease	ACUTE GRAFT-VERSUS-HOST DISEASE	X	+					
D89.811	D89811	Chronic graft-versus-host disease	CHRONIC GRAFT-VERSUS-HOST DISEASE	X	+					
D89.812	D89812	Acute on chronic graft-versus-host disease	ACUTE ON CHRONIC GRAFT-VS-HOST DZ	X	+					
D89.813	D89813	Graft-versus-host disease, unspecified	GRAFT-VERSUS-HOST DISEASE UNS	X	+			U		
		Age Specific (A/M/N/P) (QI/AGE)	Low Age	High Age	Take Charge Plus Family Planning (QI/FP)	Multi Fetus (QI/SURG) (HOLD EDIT)	Cause Codes	Mental Health	HCC Code Flag	Code Effective Date (QI/EFTD) YYYYMMDD

The **MEDPM** ICD-10 Short Description column represents the information as it presents in the **MEDPM** Diagnosis Master (see sample below).

To Access the MEDPM Diagnosis Code Master:

- Identify Practice Master Menu
- #2 Setup and Support
- #3 Diagnosis Codes

The **Diagnosis Master** screen offers 'Position To' search by 'Dg Code', 'Diagnosis Description' and 'ICD-Code' fields.

Users can also search via a 'data string' by placing '=' and lead characters, i.e., =LESION.

Refer to [User Guide: Setup/Maintain Setup and Support Files](#)

DIAGNOSIS MASTER						9S	Date: MM/DD/YY
						MDS	Time: 09:21:54
Type Option, Press Enter							
2=Change 3=Copy 4=Delete 5=Display							
Limit to Code Set 10 ** for all						Deleted/Inactive Records	
Position						Omitted (F13)	
To---->							
Opt	Dg Code	Code Set	Diagnosis Description	ICD-Code	Del		
-	E8989	10	OTH POSTPROC ENDOCRN&METAB COMP&D/O	E89.89			
-	F0150	10	VASC DEMENTIA W/OUT BEHAVIORAL DIST	F01.50			
-	F0151	10	VASC DEMENTIA WITH BEHAVIORAL DIST	F01.51			
-	F0280	10	DEMENTIA OTH DISEAS W/O BHVRL DIST	F02.80			
-	F0281	10	DEMENTIA OTH DISEASE W/BEHAVRL DIST	F02.81			
-	F0390	10	UNS DEMENT W/O BEHAVIORAL DIST	F03.90			
-	F0391	10	UNS DEMENT W/BEHAVIORAL DISTURBANCE	F03.91			
-	F04	10	AMNESTIC D/O DUE KNOWN PHYSIO COND	F04			
-	F05	10	DELIRIUM DUE KNOWN PHYSIOLOG COND	F05			
-	F060	10	PSYCHOT D/O HALLUC DUE PHYSIO COND	F06.0			
DIAGNOSIS MASTER						9S	Date: MM/DD/YY
						MDS	Time: 09:24:32
Type Option, Press Enter							
2=Change 3=Copy 4=Delete 5=Display							
Limit to Code Set 10 ** for all						Deleted/Inactive Records	
Position						Omitted (F13)	
To---->							
Opt	Dg Code	Code Set	Diagnosis Description	ICD-Code	Del		
-	N001	10	ANS W/FOCL & SEG GLOMERULAR LESIONS	N00.1			
-	M999	10	BIOMECHANICAL LESION UNSPECIFIED	M99.9			
-	A666	10	BONE AND JOINT LESIONS OF YAWS	A66.6			
-	S14111S	10	CMPL LESION C1 LEVEL C-SPN CORD SEQ	S14.111S			
-	S14111D	10	CMPL LESION C1 LEVEL C-SPN CORD SUB	S14.111D			
-	S14112S	10	CMPL LESION C2 LEVEL C-SPN CORD SEQ	S14.112S			
-	S14112D	10	CMPL LESION C2 LEVEL C-SPN CORD SUB	S14.112D			
-	S14113S	10	CMPL LESION C3 LEVEL C-SPN CORD SEQ	S14.113S			
-	S14113D	10	CMPL LESION C3 LEVEL C-SPN CORD SUB	S14.113D			
-	S14114S	10	CMPL LESION C4 LEVEL C-SPN CORD SEQ	S14.114S			
-	S14114D	10	CMPL LESION C4 LEVEL C-SPN CORD SUB	S14.114D			
-	S14115S	10	CMPL LESION C5 LEVEL C-SPN CORD SEQ	S14.115S			
F3=Exit F6=Add F10=Print						More... PgUp/PgDn	

RESOURCE GRID - ICD-10 2021 CODE LIST (cont.)

ICD-10 2021 Code List tab contains Indicator columns that identify ICD-10 codes with restrictions.

MEDPDM 2021 ICD-10 Resource Grid				Hide column C or this column to reduce width for vertical monitor		Back to Chapter List/Index				
NOTE: Click the column header description to access the 'Legend' for column explanations. Red text = New Codes										
Avoid use of UNSPECIFIED codes to prevent carrier denials										
ICD-10 Code	Dg Code	ICD-10 Long Description	MEDPDM ICD-10 Short Description	Primary (P) Non-Primary DX (L/X) Code First (W) (QIPRIN)	Code Additional (+) (QIVALD)	Acute Manifestation (1) (HOLD EDIT) (QIAMAN)	Lateral Indicator (HOLD EDIT) (QIMCDE)	Unspecified (O/U) (QIDIGT)	Gender Specific (M/F) (QIINDR)	
D89.49	D8949	Other mast cell activation disorder	OTHER MAST CELL ACTIVATION DISORDER					O		
D89.810	D89810	Acute graft-versus-host disease	ACUTE GRAFT-VERSUS-HOST DISEASE	X	+					
D89.811	D89811	Chronic graft-versus-host disease	CHRONIC GRAFT-VERSUS-HOST DISEASE	X	+					
D89.812	D89812	Acute on chronic graft-versus-host disease	ACUTE ON CHRONIC GRAFT-VS-HOST DZ	X	+					
D89.813	D89813	Graft-versus-host disease, unspecified	GRAFT-VERSUS-HOST DISEASE UNS	X	+			U		
		Age Specific (A/M/N/P) (QIAGE)	Low Age	High Age	Take Charge Plus Family Planning (QIFP)	Multi Fetus (QISURG) (HOLD EDIT)	Cause Codes	Mental Health	HCC Code Flag	Code Effective Date (QIEFDT) YYYYMMDD

Column Legend:

Column	Column Description
ICD-10 Code	ICD-10 code with decimal
Dg Code	ICD-10 code without decimal
ICD-10 Long Description	Long code description per the ICD-10 book/CMS file
MEDPDM ICD-10 Description	35 character code description in MEDPDM, see MEDPDM Abbreviation tab of the MSI 2021 ICD-10-CM Resources Grid.
Primary and Non-Primary Dx (P/L/W/X)	P = Codes that MUST be used as Primary Diagnosis, i.e., ICD/DX: 'A' pointer Z code as first-listed diagnosis W = "Code First" (per ICD-10 Book) Code first alert TIP Coding guidance X = Can NOT be used as Primary Diagnosis per Medicare Edits Unacceptable principal diagnosis symbol per Medicare code edits L = Must be listed as last Diagnosis
Code Additional (+)	Codes that require additional Diagnosis added; i.e., any code marked "Use Additional" or "Code Also" in the ICD-10 Book. Use additional Code also
Acute Manifestation	Codes that are classified as acute manifestation codes, used with Code Additional column codes
Lateral Indicator	RT = Right; LT = Left; BI = Bilateral
Unspecified	O = Other; U = Unspecified; Warning Only
Gender Specific (M/F)	Codes that are gender specific: M = Male Male F = Female Female
Age Specific (A/M/N/P)	Codes with age restrictions: A = Adult Adult N = Newborn Newborn M = Maternity Maternity P = Pediatric Pediatric
Low Age	Youngest age of patient for code
High Age	Highest age of patient for code
Take Charge Plus Family Planning	Codes used for the Take Charge Plus Family Planning Medicaid Program
Multi Fetus	Codes relating to more than one fetus in the same pregnancy
Cause Codes	External Causes of Morbidity Codes, i.e., not used as primary ICD/DX 'A' pointer
Mental Health	Mental, Behavioral and Neurodevelopmental Disorders
HCC Code Flag	Hierarchical Condition Category Code (HCC) Flag - used when the Diagnosis is listed as included in the Chronic Conditions Category. HCC diagnosis code
Code Effective Date	Effective date of code

NOTE: To access the Legend hover over or click on the column description.

MDS/MSI is constantly growing this resource, i.e., we have composed lists for Maternity Diagnoses supporting C-Section < 39 weeks and Abortion Diagnoses requiring Medical Necessity by LA Medicaid. *Add the link to your desktop or internet favorites for quick reference!*

United Healthcare Community has specific ultrasound medical necessity guidelines requiring specific diagnosis codes, see [UHC Policy # 2020R7112I.LA](#) (available via: [https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan-reimbursement/UHCCP-Obstetrical-Ultrasound-Policy-\(R7112\).pdf](https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan-reimbursement/UHCCP-Obstetrical-Ultrasound-Policy-(R7112).pdf)

RESOURCE GRID - 2021 NEW ICD-10-CM CODES

The 2021 New Codes tab of **MEDTRON's 2021 ICD-10-CM CODE RESOURCE GRID** contains a list of the 490 new ICD-10-CM codes for 2021.

2021 New ICD-10 Codes		Back to Chapter List/Index							
		SPECIALTY							
ICD-10 Code	ICD-10 Short Description	Cardiovascular	Dermatology	Gastroenterology	Genitourinary	Maternity Care & Delivery	Medicine	Musculoskeletal	Neurology
D59.13	MIXED TYP AUTOIMMUN HEMOLYTIC ANEMIA						X		
D59.19	OTHER AUTOIMMUNE HEMOLYTIC ANEMIA						X		
D72.10	EOSINOPHILIA, UNSPECIFIED		X				X		
D72.110	IDIOPATHIC HYPEREOSINOPHIL SYND [IHES]		X				X		
D72.111	LYMPHOCYTIC VAR HYPER SYND LHES		X				X		
D72.118	OTHER HYPEREOSINOPHILIC SYNDROME		X				X		

Indicators have been added to enable users to filter by Specialty.

RESOURCE GRID - 2021 DELETED ICD-10-CM CODES

The 2021 Deleted Codes tab of **MEDTRON's 2021 ICD-10-CM CODE RESOURCE GRID** contains a list of the 19 deleted ICD-10-CM codes for 2021 with the suggested replacement codes.

2021 Deleted ICD-10 Codes			
ICD-10 Code	Short Descriptor	Replacement Code(s)	
Q51.20	Other doubling of uterus, unspecified	Q51.21, Q51.22, Q51.28	
T40.4X1A	PSN OTH SYNTH NARCOTIC ACC INIT ENC	T40.411A-T40.494S	X
T40.4X1D	PSN OTH SYNTH NARCOTICS ACC SUB ENC	T40.411A-T40.494S	X
T40.4X1S	PSN OTH SYNTH NARCOTICS ACC SEQUELA	T40.411A-T40.494S	X
T40.4X2A	PSN OTH SYNTH NARCOTIC SLF-HRM INIT	T40.411A-T40.494S	X
T40.4X2D	PSN OTH SYNTH NARCOTIC SLF-HARM SUB	T40.411A-T40.494S	X
T40.4X2S	PSN OTH SYNTH NARCOTIC SELF-HRM SEQ	T40.411A-T40.494S	X
T40.4X3A	POISN OTH SYNTH NARCOTICS ASLT INIT	T40.411A-T40.494S	X

Indicators have been added to enable users to filter by Specialty.

RESOURCE GRID - 2021 REVISED ICD-10-CM CODES

The 2021 Revised Codes tab of **MEDTRON's 2021 ICD-10-CM CODE RESOURCE GRID** contains a list of the 18 revised ICD-10-CM codes for 2021.

2021 Revised ICD-10 Codes		Back to Chapter List/Index	
ICD-10 Code	2021 CMS Descriptor	2020 CMS Descriptor	
D57.41	Sickle-cell thalassemia, unspecified, with crisis	Sickle-cell thalassemia with crisis	
D57.411	Sickle-cell thalassemia, unspecified, with acute chest syndrome	Sickle-cell thalassemia with acute chest syndrome	
D57.412	Sickle-cell thalassemia, unspecified, with splenic sequestration	Sickle-cell thalassemia with splenic sequestration	
D57.419	Sickle-cell thalassemia, unspecified, with crisis	Sickle-cell thalassemia with crisis, unspecified	
H55.81	Deficient saccadic eye movements	Saccadic eye movements	
Q51.21	Complete doubling of uterus	Other complete doubling of uterus	
Q51.22	Partial doubling of uterus	Other partial doubling of uterus	
Q51.28	Other and unspecified doubling of uterus	Other doubling of uterus, other specified	
Y92.002	Bathroom of unspecified non-institutional (private) residence as the place of occurrence of the external cause	Bathroom of unspecified non-institutional (private) residence single-family (private) house as the place of occurrence of the external cause	

Indicators have been added to enable users to filter by Specialty.

RESOURCE GRID - MEDPM ICD ABBREVIATIONS

The **MEDPM** Abbreviations tab of **MEDTRON's 2021 ICD-10-CM CODE RESOURCE GRID** contains a list of abbreviations used in the **MEDPM** Diagnosis Code Master file to satisfy the 35 character 'Description' field requirements.

Below is an excerpt of abbreviations; for a full list see the **2021 ICD-10-CM Code Resource Grid**.

Full Word/Term	MEDPM Abbreviation	Full Word/Term	MEDPM Abbreviation
ABDOMINAL	ABDOM	CONTRACEP	CNTRCP
ABLATIVE	ABLAT	CONTRACEPTIVE	CONTRACEP
ABNORMAL	ABN	COUNSELING	CNSLING
ABUSE	ABU	CRYOPYRIN-ASSOCIATED	CRYOPYR-ASSOC
ACQUIRED	ACQD	DEFICIT	DFCT
ACTIVATION	ACT	DEGENERATION	DGENR
ADHESIONS	ADH	DEGENERATIVE	DGEN
ADMINISTRATION	ADM	DELIVERY	DELVR
ADMISSION	ADM	DERMATOLOGIC	DERM
ADMIT	ADM	DESENSITIZATION	DESENS
AGENT	AGNT	DETACH	DTCH
AGE-RELATED	AGE_REL	DEV/IMPL/GRFT	DVC
AGGRESSIVE	AGRSV	DEVELOPMENTAL	DEVL
AND	&	DIABETES MELLITUS	DM
ANESTH	ANES	DIABETES	DIAB
ANESTHESIA	ANES	DISCHARGE	D/C
ANTERIOR	ANTR	DISEASE	DIS
AROUND	ARND	DISEASES	DSIS
ARTERIES	ART	DISLOCATION	DISCLOC
ARTHROSCOPIC	ARTHROS	DISPLACEMENT	DISPLAC
ASYMMETRIC	ASYM	DISSECTION	DISSECT
AT	@	DOCUMENTED	DOC
ATTENTION	ATTN	DRUG/CHEM	DRUG
ATYPICAL	ATYP	DYSFUNCTION	DSYF
AWKWARD	AWKWD	DYSREGULATION	DSYR
BEHAVIOR	BEHV	ELEVATED	HIGH
BILATERAL	BIL	ELSEWHERE	E/W
BREAKDOWN	BRKDN	EMBOLISM	EMBO
BULKING	BULK	ENCOUNTER	ENC
CATHETER	CATH	ENLARGEMENT	ENLRG
CENTRAL	CNTL	EXAMINATION	EXAM
CEREBRAL	CEREB	EXCESSIVE	EXC
CEREBROVASCULAR	CEREBVASC	EXPOSURE	EXPSR
CERVICAL	CERV	FAILURE	FAILUR
CESAREAN	C-SEC	FALLOPIAN	FALLOP
CHILDBIRTH	CHLDBRTH	FEMALE	F
CHILDHOOD	CHLDHD	FRACTURE	FX

EXTERNAL CAUSE (V00-Y99) ICD-10 CODING

An external cause of morbidity code should be assigned for each encounter for care and treatment of an injury. These codes may be assigned in all health care settings and should **NEVER** be sequenced as the first listed or principal diagnosis.

External cause codes are intended to provide data for research and evaluation of injury prevention strategies. These codes capture how the injury or health condition happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the place where the event occurred, the activity of the patient at the time of the event, and the person's status (e.g., civilian, military).

An external cause code may be used with any code in the range of A00.0-T88.9, Z00-Z99, classification that represents a health condition due to an external cause. Most are applicable to injuries and are valid for use with such things as infections or diseases due to an external source, and other health conditions, i.e., heart attack that occurs during strenuous physical activity.

Assign the external cause code, with the appropriate 7th character (initial encounter, subsequent encounter or sequela) for each encounter for which the injury or condition is being treated and assign as many external cause codes are necessary to fully explain each cause. If only one external code can be recorded, assign the code most related to the principal diagnosis.

No external cause code from Chapter 20 External Causes of Morbidity is needed if the external cause and intent are included in a code from another chapter (e.g. T36.0X1- Poisoning by penicillins, accidental (unintentional)).

There are 123 new External Cause codes added for use effective 01/01/2021 involving pedestrian accidents, see the **MSI's 2021 ICD-10-CM Code Resource Grid, 2021 New Codes** tab for the complete list.

CMS 1500 FORM - DIAGNOSIS CODE REMINDER

Although twelve diagnosis codes are allowed per claim, only four diagnosis codes are allowed per service line item via the use of alpha diagnosis pointers.

Example:

If your claim has only one service (charge), then **ONLY** four diagnosis codes may be reported.

If your claim contains more than one service (charge), then MORE THAN FOUR diagnosis codes may be reported, but only up to four diagnosis codes will be reported for each service/charge/CPT code.

In the example presented, charge line for 09/30/YY date of service; CPT 99204 is assigned diagnosis codes N18.3 (A), I51.9 (B), J44.9 (C), and N40.1 (D).

Diagnosis Code Selections with Alpha Diagnosis Pointers

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-I to service line below (205)										ICD-10
A	B	C	D	E	F	G	H	I	J	
N18.3	I51.9	J44.9	N40.1							
E11.9	E66.1	E16.0	N28.82							
M10.00	R06.83									

24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER
MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER
09	30	YY			11	99204	ABCD
09	30	YY			11	1100F	GHI
09	30	YY			11	1160F	ECF
09	30	YY			11	4070F	J

Charge Lines

Quality Reporting \$0 Charge Codes

At MEDPM FD Default Entry Screen key all applicable diagnosis codes:

Diagnosis Pointers

FRONT DESK DEFAULT ENTRY				9S	Date: MM/DD/YY
Patient #/Name: 20878 BAUM, ALLEN				MDS	Time: 08:49:36
Ticket #/Date: 135932 MM/DD/YYYY					User: MMDDYY-TTL
Front Desk Defaults					
FinCIs: M1 HUMANA GOLD(OHP)	POS: QE MEDTRON MEDICAL	Loc: 01 COVINGTON			
PrvCde: JBB BEAM	Ast: (F4)	H/S: N	H/P: N		
FileIns: Y (Y/N/P/S/X/7/8)	A/R: Y (Y/N)	PriAut: (F4)			
RefSrc: (F4)					
A N183 CKD STAGE 3 MO	B I519 HEART DISEASE	C J449 COPD UNSPECIFI			
D N400 ENLARGED PROST	E E119 TYPE 2 DM WITH	F E161 OTHER HYPOGLYC			
G E160 DRUG-INDUCED H	H N2882 MEGALOURETER	I M1000 IDIOPATHIC GOU			
J R0683 SNORING	K (F4)	L (F4)			
ClnRef: (F4)					
Update F/U Dte: _____	Inj Dte: _____	EDC Dte: _____			
Pat Mstr OfcSts: _____	Hld Msg: N	Susp St: N			
Auth Rcds ----> N	Prev Bal ----> 389.00				
Global Rcds --> N	Today's Chgs --> .00				
Unapp Amt ----> .00	Today's Adjs --> .00				
Pat Comment -->	Today's Pmts --> .00				
Resp Party --> 20472 BAUM, ALLEN	BALANCE ----> 389.00				
F3=Exit F6=Print Bill F8=Hist/Demo F9=Upd Pat Info F24=More Keys					
DE403-02					

FRONT DESK CHARGE ENTRY				9S	Date: MM/DD/YY
Patient #/Name: 20878 BAUM, ALLEN				MDS	Time: 18:04:40
Ticket #/Date: 135933 09/30/20YY					User: MMDDYY-TTL
1st 4 Dx Ptrs go to Claim					
A N183 CKD STAGE MO	B I519 HEART DISEASE	C J449 COPD UNSPECIFI			
D N400 ENLARGED PROST	E E119 TYPE 2 DM WITH	F E161 OTHER HYPOGLYC			
G E160 DRUG-INDUCED H	H N2882 MEGALOURETER	I M1000 IDIOPATHIC GOU			
J R0683 SNORING	K (F4)	L (F4)			
TrnCd	TrnDate	Description	Qty	ChgAmt	Method
204	09/30/20YY	0V/OP NP MOD/45-59 MINS	1	23600	Standard
Dx Ptrs: A B C D		Prv: JBB BEAM	Ast: (F4)		
CPT/MS: 99204	Rfsc: (F4)	Ins: Y A/R: Y Y	H/S: N	H/P: N	
PriAuth: (F4)	POS: QE MEDTRON ME	LOC: 01 COVINGTON			
FinCIs: M1 HUMANA GOLD(OHP)					
Cln Ref: (F4)					
Adl Prv: N (Y/N)					
Allow Amt: 112.50	Co-Pay Information	Prev Bal ----> 625.00			
Eft Date: 11/09/2011	Type --> Specialist	Today's Chgs --> .00			
Exp Date:	Value -->	Today's Adjs --> .00			
O/R ---->		Today's Pmts --> .00			
BALANCE ----> 625.00					
F3=Exit F8=Hist/Demo F9=Upd Pat Info F24=More Keys					
DE403C-01					

To convey additional ICD-10 codes for additional risk factors, users can use the \$0 Reporting CAT II (P4P) codes, i.e., reporting code 1100F is assigned diagnosis codes E16.0, N28.82, and M10.00. Additional \$0 reporting charge codes (numerators) can be on a claim as each HEDIS code can provide an additional 4 ICD-10 codes, see charge lines 2-4 in the above example.

NOTE: Humana allows use of CPT 99299 and 99499 to report additional diagnosis codes on a claim.

Remember to setup with Revenue Center P4P if no dollar value is assessed; to allow \$0 charge to file on a claim.



ICD-11 Expected Implementation in the USA is 2025!

The International Classification of Diseases (ICD) is the foundation for identifying health trends and statistics worldwide, and contains unique codes for injuries, diseases and causes of death. It provides a common language that allows health professionals to share health information across the globe.

The ICD is a product developed by the World Health Organization (WHO). ICD enables us to understand what makes people get sick and die, and to take action to prevent suffering and save lives.

The ICD-11 will officially come into effect on January 1, 2022, at which time countries may begin reporting morbidity and mortality statistics using the ICD-11 nosology.

Each country chooses when to adopt ICD-11, and WHO has acknowledged that "not many countries are likely to adapt that quickly", i.e., begin using the ICD-11 by the time of its launch.

In the United States, a group that advises the Secretary of Health and Human Services has given an expected implementation year of **2025**, but if a clinical modification is determined to be needed (similar to the ICD-10-CM), ICD-11 implementation might not begin until **2027**.



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08.31.2020	IMPORTANT Medicaid or Managed Medicaid MCO as a Secondary
08.20.2020	IMPORTANT Traditional Medicaid Fee for Service (FFS) or LA Managed M...
08.19.2020	IMPORTANT COVID Provider Relief Fund - Additional Funds
More...	

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