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# ICD-10-CM Code Updates FY2024

Effective April 1, 2024

# Presenter Introduction



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Tracey Beattie has over 30 years of coding experience, 20 years in a skilled nursing facility, and the remainder in an acute care hospital.   Tracey is an active member of the American Health Information Management Association (AHIMA) and the American Association of Nurse Assessment Coordination (AANAC).

# AHIMA Credentialed Parties May Earn 1 CE Credit

**Requirements:**

Participate in the entire session.

This session has been approved for continuing education units (CEUs) for use in fulfilling the continuing education requirements for the American Health Information Management Association (AHIMA). Granting prior approval from AHIMA does not constitute an endorsement of the program content or its sponsors.

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0 New ICD-10- CM Codes

Several Exclude1 Notes revised to Exlcude2 Notes

Index Updates

3 revisions to The Official Guidelines for Coding and Reporting

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# Index & Tabular Revisions

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# Monkeypox

## INDEX - New Index Entry



## TABULAR – New Inclusion Term

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# Tabular Notes

Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology.  In the Tabular List, "Code First" and "Use Additional Code" instructional notes indicate the proper sequencing order of these conditions – etiology (underlying condition) followed by manifestation.

- The "**Use Additional Code**" note is found at the **etiology** code.

- The "**Code First**" note is found at the **manifestation** code to provide instructions that the underlying condition, if present, should be sequenced first.

# Exclude1 Note

## Excludes1

A type 1 Excludes note is a pure excludes note. It means "NOT CODED HERE!" An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

An exception to the Excludes1 definition is the circumstance when the two conditions are unrelated to each other. If it is not clear whether the two conditions involving an Excludes1 note are related or not, query the provider. For example, code F45.8, Other somatoform disorders, has an Excludes1 note for "sleep related teeth grinding (G47.63)," because "teeth grinding" is an inclusion term under F45.8. Only one of these two codes should be assigned for teeth grinding. However psychogenic dysmenorrhea is also an inclusion term under F45.8, and a patient could have both this condition and sleep related teeth grinding. In this case, the two conditions are clearly unrelated to each other, and so it would be appropriate to report F45.8 and G47.63 together.

# Exclude2 Note

## Excludes2

A type 2 Excludes note represents "Not included here." An excludes2 note indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate.

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# E89.1 Postprocedural Endocrine and Metabolic Complications

A Use Additional Code Note has been changed to a **Code First Note** at E89.1

| | |
|---|---|
| No Change | **E89.1 Postprocedural hypoinsulinemia** |
| Add | **Code first**, if applicable, diabetes mellitus (postpancreatectomy) (postprocedural) (E13.-) |
| Delete | **Use Additional** diabetes mellitus (postpancreatectomy) (postprocedural) (E13.-) |

E13.1 – Medical Management

E89.1 – Non-Orthopedic Surgery

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# Central Nervous System Depression

Index Entry Update

| No Change | **Depression (acute) (mental)** |
|-----------|-------------------------------|
| Revise from | - central nervous system R09.2 |
| Revise to | - central nervous system G98.8 |

R09.3 – Return to Provider

G98.8 – Acute Neurologic/Medical Management

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# I49 Other Cardiac Arrhythmias

The Excludes1 Note has been changed to **an Excludes2 Note**, allowing codes from category I49, Other Cardiac Arrhythmias to be coded along with Bradycardia when documented.

| | |
|---|---|
| *No Change* | **I49 Other cardiac arrhythmias** |
| *Delete* | **Excludes1:** neonatal dysrhythmia (P29.1-) |
| *Delete* | sinoatrial bradycardia (R00.1) |
| *Delete* | sinus bradycardia (R00.1) |
| *Delete* | vagal bradycardia (R00.1) |
| *Add* | **Excludes2:** neonatal dysrhythmia (P29.1-) |
| *Add* | sinoatrial bradycardia (R00.1) |
| *Add* | sinus bradycardia (R00.1) |
| *Add* | vagal bradycardia (R00.1) |

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# J12 Viral Pneumonia

The Exclude1 Note has changed

to an Exclude2 Note for many

other types of Pneumonia that

may be documented with viral

pneumonia.

| | |
|---|---|
| No Change | **J12 Viral pneumonia, not elsewhere classified** |
| Delete | **Excludes1:** aspiration pneumonia due to anesthesia during labor and delivery (O74.0) |
| Delete | aspiration pneumonia due to anesthesia during pregnancy (O29) |
| Delete | aspiration pneumonia due to anesthesia during puerperium (O89.0) |
| Delete | aspiration pneumonia due to solids and liquids (J69.-) |
| Delete | aspiration pneumonia NOS (J69.0) |
| Delete | congenital pneumonia (P23.0) |
| Delete | congenital rubella pneumonitis (P35.0) |
| Delete | interstitial pneumonia NOS (J84.9) |
| Delete | lipid pneumonia (J69.1) |
| Delete | neonatal aspiration pneumonia (P24.-) |
| | |
| Add | **Excludes2:** aspiration pneumonia due to anesthesia during labor and delivery (O74.0) |
| Add | aspiration pneumonia due to anesthesia during pregnancy (O29) |
| Add | aspiration pneumonia due to anesthesia during puerperium (O89.0) |
| Add | aspiration pneumonia due to solids and liquids (J69.-) |
| Add | aspiration pneumonia NOS (J69.0) |
| Add | congenital pneumonia (P23.0) |
| Add | congenital rubella pneumonitis (P35.0) |
| Add | interstitial pneumonia NOS (J84.9) |
| Add | lipid pneumonia (J69.1) |
| Add | neonatal aspiration pneumonia (P24.-) |

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# J18.0 Bronchopneumonia

The Exclude2 Note has been revised to read J44.89.

| | |
|---|---|
| No Change | **J18.0 Bronchopneumonia, unspecified organism** |
| No Change | **Excludes2:** |
| Revise from | chronic bronchiolitis (J44.9) |
| Revise to | chronic bronchiolitis (J44.89) |
| Add | other specified chronic obstructive pulmonary disease (J44.89) |

**J18.0** - Bronchopneumonia, unspecified organism

| | |
|---|---|
| Excludes1: | hypostatic bronchopneumonia (J18.2) |
| | lipid pneumonia (J69.1) |
| Excludes2: | acute bronchiolitis (J21.-) |
| | chronic bronchiolitis (J44.9) |

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# K66.0 Peritoneal Adhesions

There are new index entries under Calculus for the presence of a stone in the urinary system. All six entries identify that when the stone is associated with hydronephrosis, only the hydronephrosis is coded, and then the stone is associated with both hydronephrosis and infection; only the infection is coded.

| | |
|---|---|
| No Change | **Calculus, calculi, calculous** |
| No Change | - biliary - see also Calculus, gallbladder |
| Add | - - with bile duct involvement - see also Calculus, bile duct |
| No Change | - kidney (impacted) (multiple) (pelvis) (recurrent) (staghorn) N20.0 |
| No Change | - - with calculus, ureter N20.2 |
| Add | - - - with hydronephrosis N13.2 |
| Add | - - - - with infection N13.6 |
| No Change | - - congenital Q63.8 |
| Add | - - - with hydronephrosis N13.2 |
| Add | - - - - with infection N13.6 |
| No Change | - ureter (impacted) (recurrent) N20.1 |
| Add | - - with hydronephrosis N13.2 |
| Add | - - - with infection N13.6 |

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# R09.A2 Foreign Body in Throat

R09.A2 was added in October 2023, and the index is now updated to reflect the correct code.

| No Change | **Feeling (of)** |
|-----------|------------------|
| Revise from | - foreign body in throat R09.89 |
| Revise to | - foreign body in throat R09.A2 |

# ICD-10-CM Official Guidelines for Coding and Reporting, FY 2024

Effective April 1, 2024

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# Sepsis due to a postprocedural infection

## (b) Sepsis due to a postprocedural infection

For sepsis following a postprocedural wound (surgical site) infection, a code from T81.41 to T81.43, Infection following a procedure, **T81.49, Infection following a procedure, other surgical site,** or a code from O86.00 to O86.03, Infection of obstetric surgical wound, **or code O86.09, Infection of obstetric surgical wound, other surgical site,** that identifies the site of the infection should be sequenced first, if known. Assign an additional code for sepsis following a procedure (T81.44) or sepsis following an obstetrical procedure (O86.04). Use an additional code to identify the infectious agent. If the patient has severe sepsis, the appropriate code from subcategory R65.2 should also be assigned with the additional code(s) for any acute organ dysfunction.

(b) **Assigning and sequencing secondary diabetes codes and its causes**

The sequencing of the secondary diabetes codes in relationship to codes for the cause of the diabetes is based on the Tabular List instructions for categories E08, E09 and E13.

    (i) **Secondary diabetes mellitus due to pancreatectomy**

        For postpancreatectomy diabetes mellitus (lack of insulin due to the surgical removal of all or part of the pancreas), assign code E89.1, Postprocedural hypoinsulinemia. Assign a code from category E13 **as the principal or first-listed diagnosis** and a code from subcategory Z90.41, Acquired absence of pancreas, as **an** additional code.

## Aftercare

Aftercare visit codes cover situations when the initial treatment of a disease has been performed and the patient requires continued care during the healing or recovery phase, or for the long-term consequences of the disease. The aftercare Z code should not be used if treatment is directed at a current, acute disease. The diagnosis code is to be used in these cases. Exceptions to this rule are codes Z51.0, Encounter for antineoplastic radiation therapy, and codes from subcategory Z51.1, Encounter for antineoplastic chemotherapy and immunotherapy. These codes are to be first listed, followed by the diagnosis code when a patient's encounter is **chiefly** to receive radiation therapy, chemotherapy, or immunotherapy for the treatment of a neoplasm. If the reason for the encounter is more than one type of antineoplastic therapy, code Z51.0 and a code from subcategory Z51.1 may be assigned together, in which case one of these codes would be reported as a secondary diagnosis.

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# CMS FY 2024 ICD-10-CM Files

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Internal Use

# CMS ICD-10-CM Files

https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-cm



Downloads

2024 POA Exempt Codes (ZIP)

2024 Conversion Table - UPDATED 09/21/2023 (ZIP)

2024 Addendum - UPDATED 02/01/2024 (ZIP)

2024 Code Descriptions in Tabular Order - UPDATED 02/01/2024 (ZIP)

2024 Code Tables, Tabular and Index - UPDATED 02/01/2024 (ZIP)

FY 2024 ICD-10-CM Coding Guidelines - UPDATED 02/01/2024 (PDF)

2024 Errata - July 26, 2023 (PDF)

# CMS Email Updates

https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-cm



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# Thank you

# Q&A