

Coding Updates from IPPS 2023

Presented by:

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Kristen Eglintine

Coding Analyst Supervisor



Kristen is a Coding Analyst Supervisor for BESLER who was most recently with Saratoga Hospital as a Reimbursement Specialist focusing on accruing and reconciling hospital revenue by payor and preparing cost report information and tracking all related to COVID.

Prior to that, she worked for PCS as a Coding Consultant working on projects for Catholic Health and Children's Specialized.

Kristen has her CCS coding credential and her ICD-10-CM/PCS AHIMA Trainer certification. She received a BS in Business Management from the University of Utah.

Sara Clark

Coding Analyst



Sara is a Coding Analyst with extensive experience developed over 25 years in all facets of Health Information Management. Her areas of expertise include inpatient and outpatient prospective payment systems, ICD-10-CM/PCS classification system, compliance, documentation improvement, operational assessment, and use of InterQual criteria for appropriateness of admission reviews.

Prior to working as a consultant with Provider Consulting Solutions, Inc, she was the Director of Health Information Services for an integrated delivery system that included three acute care hospitals, a large multi-specialty physician group and 21 regional clinics.

Sara holds MLS and RHIA certifications and is also an AHIMA Approved ICD-10-CM/PCS Trainer. She has a BS from Cornell University and a BPS and MLS from the State University of New York.

Agenda

- IPPS Final Rule Update
- MS-DRG
- COVID-19 and Our Public Health Emergency
- Diagnosis Coding
- Procedure Coding

IPPS Final Rule Update

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IPPS Final Rule Update

- Hospital Market Basket Updates
 - 4.3 % increase for hospital that submit quality data and are meaningful users of EHR
 - ¼% reduction in increase if hospital doesn't submit quality data
 - ¾% reduction in increase if hospital is not a meaningful user of EHR
- COVID-19 Treatments Add-on Payments and (NCTAP) will be paid through the end of the fiscal year in which the PHE ends
- Hospital and CAH infection prevention and control requirements will be revised to contain some COVID-19 elements once PHE ends
- There were no new changes to the Post-Acute Care Transfer Policy for FY2023

Quality Measures

- CMS had suppressed most hospital value-based purchasing program measures for FY 2022 and will continue through FY 2023
- CMS will suppress all 6 HAC measures for HAC Reduction performance for FY2023
- For the FY 2023 Hospital Readmissions Reduction Program:
 - CMS will suppress the pneumonia readmissions measure
 - CMS will exclude COVID-19 diagnosed patients from the remaining five measures

Hospital Value Based Purchasing Program for FY 2023

- Suppress the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
- Suppress the five Hospital Acquired Infection (HAI) measures
- Remove the Patient Safety and Adverse Events Composite (CMS PSI 90) measure beginning with the FY 2023 program year
- CMS is also finalizing their proposal to revise the scoring and payment methodology for the FY 2023 such that hospitals will not receive Total Performance Scores
 - Instead, we are finalizing proposal to award each hospital a payment incentive multiplier that results in a value-based incentive payment that is equal to the amount withheld for the fiscal year (2 percent)

MS-DRG

MS-DRG Update



CMS did not propose any new MS-DRGs for FY 2023, which means the number of MS-DRGs remains at 767 for FY 2023.

However, they did modify how they calculated the relative weights.

CMS noted in a Fact Sheet they published that it is reasonable to assume Medicare patients will continue to be hospitalized with COVID-19 in FY 2023. They also believe admissions will be fewer than is reflected in the FY 2021 data.

Based on these assumptions, CMS finalized calculating relative weights for FY 2023 by:

- Calculating two sets of relative weights, one including and one excluding COVID-19 claims
- Averaging the two sets of relative weights to determine the final FY 2023 relative weights.
- Additionally, CMS is further delaying the implementation of the “three-way split criteria” due to the magnitude of the impact during the ongoing public health emergency.

While there aren't any new MS-DRGs, there are 3 situations where CMS has reassigned DRGs.

ARDS

- Acute respiratory distress syndrome – known as ARDS - is one of them. CMS did some data analysis and has decided to reassign cases with ARDS (which code J80) as the principal diagnosis from MS-DRG 204 to MS-DRG 189.

Cardiac Mapping

- CMS identified an issue with how cardiac mapping is affecting the DRG it is assigned to. procedure code 02K80ZZ (Map conduction mechanism, open approach). Cardiac mapping describes the creation of detailed maps to detect how the electrical signals that control the timing of the heart rhythm move between each heartbeat to identify the location of rhythm disorders.
- This procedure is usually performed during open-heart surgery or performed via cardiac catheterization.
- This code is currently recognized as a non-O.R. procedure that affects the MS-DRG to which it is assigned.
- CMS has reassigned this code from MS-DRGs 246, 247, 248, 249, 250, and 251 which are percutaneous cardiovascular procedures with stents to MS-DRGs 273 and 274 (Percutaneous and Other Intracardiac Procedures with and without MCC, respectively)

Lap Cholecystectomy with a common bile duct exploration

- Currently a reported laparoscopic cholecystectomy with a common bile duct exploration and gallstone removal procedure that is performed laparoscopically is assigned to MS-DRGs 417, 418 and 419 (Laparoscopic Cholecystectomy without C.D.E. with MCC, with CC, and without CC/MCC, respectively). This MS-DRG assignment does not recognize that a common bile duct exploration (C.D.E.) was performed.
- To fix this, CMS has redesignated the common bile duct exploration procedure code 0FC94ZZ from a non-O.R. procedure to an O.R. procedure and added it to the logic list for common bile duct exploration (CDE) in MS-DRGs 411, 412, and 413 (Cholecystectomy with C.D.E. with MCC, with CC, and without CC/MCC, respectively).

POLL QUESTION

T/F: CMS did not propose any new MS-DRGs for FY 2023 nor did they modify the weights.

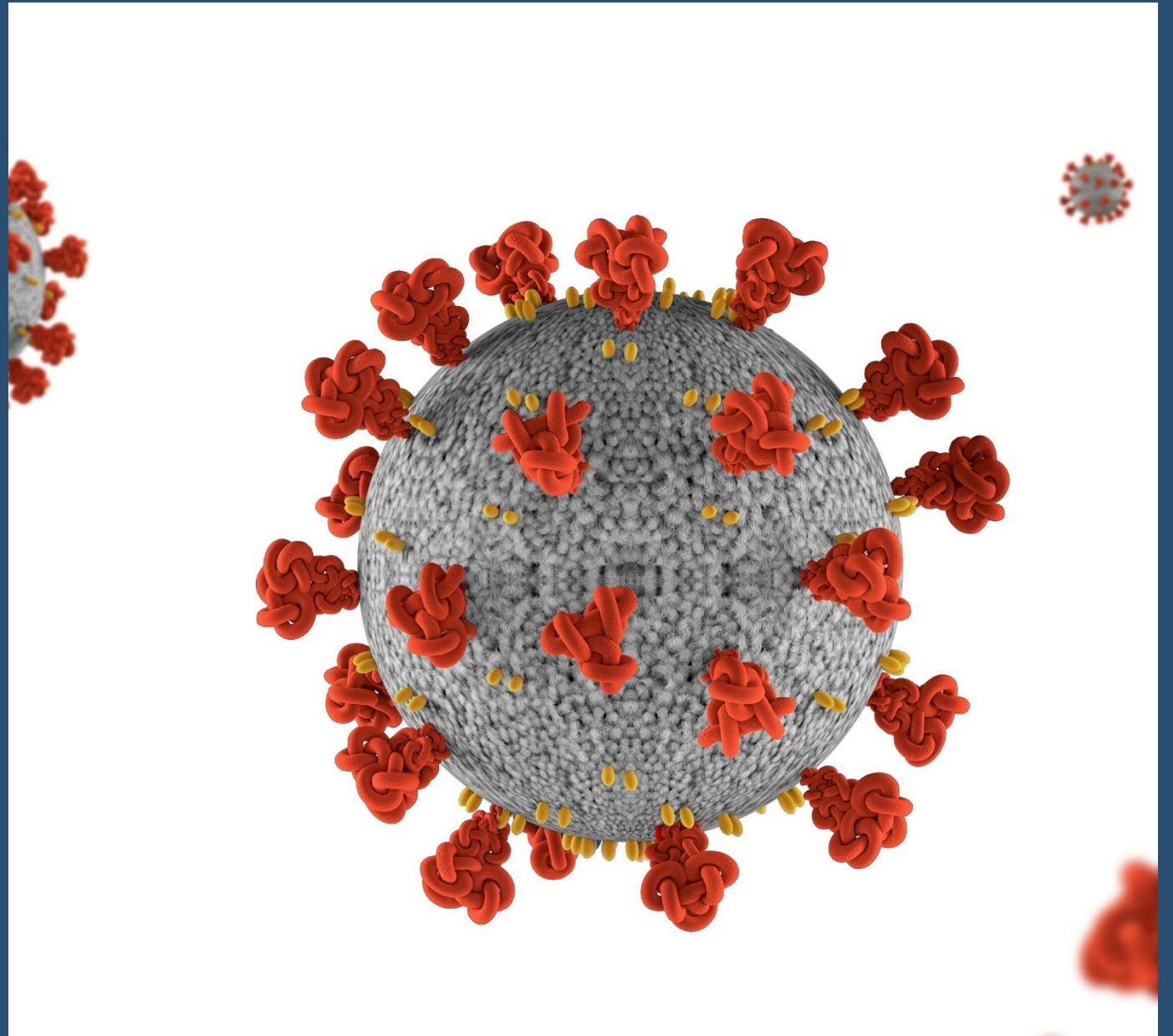


COVID-19 and Our Public Health Emergency



COVID-19

The Centers for Disease Control and Prevention's (CDC) implemented 3 new diagnosis codes and 9 new procedure codes in response to ongoing our national public health emergency.



New ICD-10 diagnosis codes for COVID-19 vaccination status

New ICD-10 – Vaccination Status	
Z28.310	Unvaccinated for COVID-19
Z28.311	Partially vaccinated for COVID-19
Z28.39	Other under immunization status

New ICD-10 procedure codes for COVID-19 therapeutics & vaccines

ICD-10– COVID-19 therapeutics and vaccines

XW023Y7	Introduction of other new technology monoclonal antibody into muscle, percutaneous approach, new technology group 7
XW023X7	Introduction of tixagevimab and cilgavimab monoclonal antibody into muscle, percutaneous approach, new technology group 7
XW0DXR7	Introduction of fostamatinib into mouth and pharynx, external approach, new technology group 7
XW0G7R7	Introduction of fostamatinib into upper GI, via natural or artificial opening, new technology group 7
XW0H7R7	Introduction of fostamatinib into lower GI, via natural or artificial opening, new technology group 7
XW013V7	Introduction of COVID-19 vaccine dose 3 into subcutaneous tissue, percutaneous approach, new technology group 7
XW013W7	Introduction of COVID-19 vaccine booster into subcutaneous tissue, percutaneous approach, new technology group 7
XW023V7	Introduction of COVID-19 vaccine dose 3 into muscle, percutaneous approach, new technology group 7
XW023W7	Introduction of COVID-19 vaccine booster into muscle, percutaneous approach, new technology group 7

Diagnosis Coding

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Official Guidelines for Coding and Reporting – Clarifications for FY 2023

- **Section A.** Conventions for ICD-10-CM, 19. Code Assignment and Clinical Criteria, “If there is conflicting medical record documentation, query the provider.”
- **Section B.** General Coding Guidelines, 14. Documentation by Clinicians Other than Patient’s Provider, “Under-immunization Status” was added to the code that can be coded from clinicians other than the provider.
- **16.** Documentation of Complications of Care, “...the documentation must support that the condition is clinically significant. **It is not necessary for the provider to explicitly document the term “complication.”**”

CHAPTER 1: Certain Infectious and Parasitic Diseases (A00-B99)

Updated Guidelines

2 new codes to expand
B37 Candidiasis.

Minor changes to:

- Use Additional notes
- Excludes 1

CHAPTER 2: Neoplasms (C00-D49)

Updated Guidelines

Minor changes to:

- Code descriptions
- Excludes1
- Excludes2

Revise from **C84.47 Peripheral T-cell lymphoma, not classified, spleen**
Revise to **C84.47 Peripheral T-cell lymphoma, not elsewhere classified, spleen**

CHAPTER 3: Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism (D50-D89)

No guideline changes.

Minor changes to:

- Use Additional notes
- Excludes1
- Excludes2

Chapter 3 code expansion for hemolytic-uremic syndrome (D59.3-), for Von Willebrand's disease (D68.-) and heparin induced thrombocytopenia (D75.82-)

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

No guideline changes.

Minor changes to:

- Code Also
- Code First
- Inclusion terms
- Excludes1
- Excludes2

Code expansion E34.3- Short stature due to endocrine disorder.

Acidosis refers
to high levels of
acid in the body

Code expansion E87.2- Acidosis for more specificity

- Acidosis unspecified
- Acute metabolic acidosis
- Chronic metabolic acidosis
- Other acidosis

CHAPTER 5: Mental, Behavioral & Neurodevelopmental disorders (F01-F99)

New guideline to report dementia that emphasizes that providers must clearly document the severity of the patient's condition. If the documentation is incomplete, the coder should default to the unspecified code.

Minor changes to:

- Code Also
- Code First
- Inclusion terms
- Excludes1
- Excludes2

Code expansion for Use Disorders; unspecified vs in remission.

This expansion applies to all use disorders such as alcohol use or cocaine use.

69 new codes for dementia with and without psychological symptoms.

Revise from: **F01.51** Vascular dementia with behavioral disturbance

Revise to: **F01.51** Vascular dementia, unspecified severity, with behavioral disturbance

DELETE:

- Major neurocognitive disorder due to vascular disease, with behavioral disturbance
- Major neurocognitive disorder with aggressive behavior
- Major neurocognitive disorder with combative behavior
- Major neurocognitive disorder with violent behavior
- Vascular dementia with aggressive behavior
- Vascular dementia with combative behavior
- Vascular dementia with violent behavior
- Use Additional code, if applicable, to identify wandering in vascular dementia (Z91.83)

ADD:

F01.511 Vascular dementia, unspecified severity, with agitation

- Major neurocognitive disorder due to vascular disease, unspecified severity, with aberrant motor behavior such as restlessness, rocking, pacing, or exit-seeking
- Major neurocognitive disorder due to vascular disease, unspecified severity, with verbal or physical behaviors such as profanity, shouting, threatening, anger, aggression, combativeness, or violence
- Vascular dementia, unspecified severity, with aberrant motor behavior such as restlessness, rocking, pacing, or exit-seeking
- Vascular dementia, unspecified severity, with verbal or physical behaviors such as profanity, shouting, threatening, anger, aggression, combativeness, or violence

F01.518 Vascular dementia, unspecified severity, with other behavioral disturbance

- Major neurocognitive disorder due to vascular disease, unspecified severity, with behavioral disturbances such as sleep disturbance, social disinhibition, or sexual disinhibition
- Vascular dementia, unspecified severity, with behavioral disturbances such as sleep disturbance, social disinhibition, or sexual disinhibition
- Use Additional code, if applicable, to identify wandering in vascular dementia (Z91.83)

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

No guideline changes.

Minor changes to:

- Use Additional notes
- Code Also
- Excludes1

- Code expansion G71.0- Muscular dystrophy; report different types of limb girdle muscular dystrophies such as dominant limb vs recessive limb
- Expansion in the code block G93.3- for post viral and related fatigue syndromes

Chapter 7: Diseases of the Eye and Adnexa (H00-H59) & Chapter 8: Diseases of the Ear and Mastoid Process (H60-H95).

No guideline changes.

No code changes

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

No guideline changes.

Minor changes to:

- Code Also
- Code First
- Use Additional
- Inclusion terms
- Excludes1
- Excludes2

- **I25.1**- for Atherosclerotic heart disease of native coronary artery has been expanded to include angina pectoris vs refractory angina pectoris.
- A few new codes have been added to the code
 - **I31.3** for pericardial effusion,
 - **I47.2** for ventricular tachycardia.
 - Lots of new codes under Thoracic aortic aneurysm.

CHAPTER 10: Diseases of the Respiratory System (J00-J99)

No guideline changes.

Minor changes to:

- Code First
- Inclusion Terms

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

No guideline changes.

Minor changes to:

- Inclusion Terms
- Code Also
- Excludes1

- **K76.82** for Hepatic encephalopathy – a buildup of toxins in the brain that can happen with advanced liver disease

ADD:

- **K76.82 Hepatic encephalopathy**
 - Hepatic encephalopathy, NOS
 - Hepatic encephalopathy without coma
 - Hepatocerebral intoxication
 - Portal-systemic encephalopathy
- **Code also** underlying liver disease, such as:
 - acute and subacute hepatic failure without coma (**K72.00**)
 - alcoholic hepatic failure without coma (**K70.40**)
 - chronic hepatic failure without coma (**K72.10**)
 - hepatic failure with toxic liver disease without coma (**K71.10**)
 - hepatic failure without coma (**K72.90**)
 - icterus of newborn (**P55-P59**)
 - postprocedural hepatic failure (**K91.82**)
 - viral hepatitis without hepatic coma (**B15.9, B16.1, B16.9, B17.10, B19.10, B19.20, B19.9**)
- **Excludes1:** acute and subacute hepatic failure with coma (**K72.01**)
 - alcoholic hepatic failure with coma (**K70.41**)
 - chronic hepatic failure with coma (**K72.11**)
 - hepatic failure with coma (**K72.91**)

CHAPTER 12: Diseases of the Skin & Subcutaneous Tissue (L00-L99)

No guideline changes.

Only one change to:
- Excludes1 note for **L81** Other disorders of pigmentation

CHAPTER 13: Diseases of the Musculoskeletal System & Connective Tissue (M00-M99)

No guideline changes.

Minor changes to:

- Use Additional notes
- Code Also
- Excludes1

- Lots of code firsts under **M51** Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders.
- Code expansion under **M62.5** Muscle wasting and atrophy, not elsewhere classified, back.
 - We now need to specify a location such as cervical vs thoracic.
- Lots of description revisions to add the word “stable” under **M93.00**
 - Unspecified slipped upper femoral epiphysis (nontraumatic) AND new codes to now report unstable.
- The epiphysis is the rounded end of a long bone, at its joint with adjacent bone(s).
- Under **M96** for Intraoperative and postprocedural complications we have new codes to specify fracture of rib(s) associated with chest compressions.

Chapter 14: Diseases of the Genitourinary System (N00-N99)

This chapter contains updates to:

- Excludes 1 and 2 notes
- Minor code expansions.

Code **N80** Endometriosis has the most significant expansion to allow coders to specify the type of endometriosis of the uterus.

- This expansion is also carried through codes for endometriosis of ovary, fallopian tube, pelvic peritoneum, rectovaginal septum and vagina, intestine, bladder and ureters, cardiathoracic space, abdomen and pelvic nerves.

DELETE:

- Adenomyosis

ADD:

- Endometriosis of the cervix
- **N80.00** Endometriosis of the uterus, unspecified
- **N80.01** Superficial endometriosis of the uterus
- **N80.02** Deep endometriosis of the uterus
 - Deep retrocervical endometriosis
- **N80.03** Adenomyosis of the uterus
 - Adenomyosis NOS

Chapter 15: Pregnancy, childbirth, and the puerperium (000-09A)

There is a guideline clarification in Chapter 15.
In ICD-10-CM, “completed” weeks of gestation refers to full weeks.

Minor changes to:
- Inclusion Terms
- Excludes2

Code expansion **035**
Maternal care for known or suspected fetal abnormality and damage

DELETE:

- Maternal care for fetal anencephaly
- Maternal care for fetal hydrocephalus
- Maternal care for fetal spina bifida

NO CHANGE - Excludes2:

- Revise from chromosomal abnormality in fetus (**035.1**)
- Revise to chromosomal abnormality in fetus (**035.1-**)

ADD:

- **035.00** - Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified
- **035.01** - Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum
- **035.02** - Maternal care for (suspected) central nervous system malformation or damage in fetus, anencephaly
- **035.03** - Maternal care for (suspected) central nervous system malformation or damage in fetus, choroid plexus cysts
- **035.04** - Maternal care for (suspected) central nervous system malformation or damage in fetus, encephalocele
- **035.05** - Maternal care for (suspected) central nervous system malformation or damage in fetus, holoprosencephaly
- **035.06** - Maternal care for (suspected) central nervous system malformation or damage in fetus, hydrocephaly
- **035.07** - Maternal care for (suspected) central nervous system malformation or damage in fetus, microcephaly
- **035.08** - Maternal care for (suspected) central nervous system malformation or damage in fetus, spina bifida
- **035.09** - Maternal care for (suspected) other central nervous system malformation or damage in fetus
- Maternal care for fetal hydrocephalus

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

No guideline changes.

Minor changes to:

- Inclusion Terms
- Excludes1
- Excludes2

Chapter 16 has 2 small code expansions:

- P28.3- Primary sleep apnea of newborn and P28.4 - Other apnea of newborn.
- These expansions allow coders to report, for example, primary obstructive sleep apnea vs primary central sleep apnea.

CHAPTER 17: Congenital Malformations, Deformations and Chromosomal Abnormalities (Q00-Q99)

No guideline changes

Minor changes to:

- Inclusion Terms
- Code Also
- Excludes1

We have new codes in Chapter 17 for Atrial septal defects.

DELETE:

- Coronary sinus defect
- Patent or persistent foramen ovale
- Patent or persistent ostium secundum defect (type II)
- Patent or persistent sinus venosus defect

CHANGE:

- **Q21.1** - Atrial septal defect

ADD:

- **Q21.10** - Atrial septal defect, unspecified
- **Q21.11** - Secundum atrial septal defect
 - Fenestrated atrial septum
 - Patent or persistent ostium secundum defect (type II)
- **Q21.12** - Patent foramen ovale
 - Persistent foramen ovale
- **Q21.13** - Coronary sinus atrial septal defect
 - Coronary sinus defect
 - Unroofed coronary sinus
- Excludes 2: ostium primum atrial septal defect (type I) (Q21.20)
- **Q21.14** - Superior sinus venosus atrial septal defect
 - Superior vena cava type atrial septal defect
- **Q21.15** - Inferior sinus venosus atrial septal defect
 - Inferior vena cava type atrial septal defect
- **Q21.16** - Sinus venosus atrial septal defect, unspecified
 - Sinus venosus defect, NOS
- **Q21.19** - Other specified atrial septal defect
 - Common atrium
 - Other specified atrial septal abnormality

CHAPTER 18: Symptoms, Signs and Abnormal Clinical & Laboratory Findings, Not Elsewhere Classified (R00-R99)

No guideline changes.

Chapter 18 updates are primarily to exclude notes.

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

1 Guideline change regarding underdosing. New language in Chapter 19 clarifies that coders do not need to see a change in the patient's condition to assign an underdosing code.

Minor changes to:

- Inclusion Terms
- Excludes1

Coders will also find 86 new codes related to head injuries.

DELETE:

- Diffuse traumatic brain injury NOS

NO CHANGE:

- **S06.2** - Diffuse traumatic brain injury
- **S06.2X** - Diffuse traumatic brain injury

ADD:

- **S06.2X1** - Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less
 - Diffuse traumatic brain injury with brief loss of consciousness
- **S06.2XA** - Diffuse traumatic brain injury with loss of consciousness status unknown
 - Diffuse traumatic brain injury NOS
- **S06.2X9** - Diffuse traumatic brain injury with loss of consciousness of unspecified duration

Chapter 20: External causes of morbidity (V00-Y99)

No guideline changes

Minor changes to:
- Inclusion Terms
- Excludes1

Extensive code expansion
for MVA accidents.

- **(V20-V29) Motorcycle rider injured in transport accident**
 - Includes:
 - electric bicycle
 - e-bike
 - e-bicycle
- **V20 Motorcycle rider injured in collision with pedestrian or animal**
 - **V20.01** Electric (assisted) bicycle driver injured in collision with pedestrian or animal in nontraffic accident
- **V20 Motorcycle rider injured in collision with pedestrian or animal**
 - **V20.09** Other motorcycle driver injured in collision with pedestrian or animal in nontraffic accident

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

Updated Guidelines

Minor changes to:

- Inclusion Terms
- Code First
- Code Also
- Excludes1
- Excludes2

- There are 3 new codes
 - **Z59.82:** Transportation insecurity,
 - **Z59.86:** Financial insecurity, and
 - **Z59.87:** Material hardship.
- There were comments in the proposed rule for CMS to modify certain codes in category Z59 for homelessness from a non-CC to a CC, hoping this improves documentation of this condition. CMS took note of these comments and will consider them in future rules but there will be no change for 2023.

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

- New Counseling Codes
 - Z71.87, Encounter for pediatric-to-adult transition
- New Miscellaneous Z Code:
 - Z72.823, Risk of Suffocation (smothering) under another while sleep
- New Status Codes
 - New subcategory, Z79.6- Long term (current) use of immunomodulator and immunosuppressants
- New Personal history Codes of (corrected) congenital malformation and certain conditions arising in the Perinatal Period
- New Patient noncompliance Codes
 - Z91.118 Patient noncompliance with dietary regimen for other reason
- New Caregiver's Noncompliance Codes
 - Z91.A10 Caregiver's noncompliance with patient's dietary regimen due to financial hardship



2023 ICD-10-CM update includes:

- 1,176 new, 28 revised, and 287 deleted codes
- Addition of more than 150 ICD-10 diagnosis codes to the CC and MCC lists
- Removal of 17 ICD-10 diagnosis codes from the CC and MCC lists

ICD-10-CM Take Aways:

- General guideline changes
- Increased specificity
- Diagnosis moved to a more clinically relevant chapter



POLL QUESTION

T/F: With the extensive expansion of ICD-10-CM codes for FY 2023, coders are able to capture more specificity when reporting acidosis.



Procedure Coding



One new & two revised ICD-10-PCS guidelines:

- **B3.19** – Detachment of extremities guideline ****NEW****
- **B4.1c** – Body part general guideline
- **B6.1a** – Device general guideline
- Changes to the ICD-10-PCS code set includes:
 - 331 new procedure codes, 64 deleted codes, and no revisions

NEW B3.19 Detachment of extremities:

Body Part	Qualifier	Definition
Upper arm and upper leg	1	High: Amputation at the proximal portion of the shaft of the humerus or femur
	2	Mid: Amputation at the middle portion of the shaft of the humerus or femur
	3	Low: Amputation at the distal portion of the shaft of the humerus or femur

There are slight changes when coding amputation of Hand and Foot:

- “**Complete**” refers to amputation through the carpometacarpal joint of the hand, or through the tarsal-metatarsal joint of the foot.
- “**Partial**” refers to amputation anywhere along the shaft or head of the metacarpal bone of the hand, or of the metatarsal bone of the foot.

REVISED B4.1c Body part general guidelines

- **If a single vascular procedure** is performed on a continuous section of an **arterial or venous** body part, code the body part value corresponding to the anatomically most proximal (closest to the heart) portion of the arterial or venous body part. Example: A procedure performed on a continuous section of artery from the femoral artery to the external iliac artery with the point of entry at the femoral artery is coded to the external iliac body part. A procedure performed on a continuous section of artery from the femoral artery to the external iliac artery with the point of entry at the external iliac artery is also coded to the external iliac artery body part
- Specifies that the procedure performed is a single vascular procedure on either the artery or vein and not just on a tubular body part.

REVISED B6.1a Device general guidelines

- A device is coded only if a device remains after the procedure is completed. If no device remains, the device value No Device is coded. In limited root operations, the classification provides the qualifier values Temporary and Intraoperative, for specific procedures involving clinically significant devices, where the purpose of the device is to be utilized for a brief duration during the procedure or current inpatient stay. If a device that is intended to remain after the procedure is completed requires removal before the end of the operative episode in which it was inserted (for example, the device size is inadequate or **an event documented as a complication occurs**), both the insertion and removal of the device should be coded.

Cerebrum now has its own body part under the root operation of extraction.

In the Heart and Great Vessels section under root operation Replacement, qualifier N, Rapid Deployment Technique, was added to body part F, Aortic Valve, when zoo plastic tissue is the qualifier.

In the Lower Arteries, the root operation Occlusion in the Lower Arteries section has been updated to reflect right and left prostatic arteries as qualifiers V and W.

The Central Nervous System and Cranial Nerves, Respiratory, Gastrointestinal, Hepatobiliary, Endocrine, Skin and Breast, and the Male Reproduction systems have a major addition. The root operation Destruction using Laser Interstitial Thermal Therapy (LITT) is now represented by qualifier 3.

LITT was relocated from the Radiation Therapy section.

In the Gastrointestinal System section, root operation Transfer, bladder, left and right ureters, and bilateral ureters were added as qualifiers to Body Part small intestine.

In the Head and Facial Bones section, infusion device was added to the sixth character under root operations Removal and Revision of the skull body part.

The Anatomical Regions, General section, for root operation DRAINAGE - neck is now located above pelvic cavity.

See sample of the table below:

FY2023	6 Neck J Pelvic Cavity	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	0 Drainage Device	Z No Qualifier
FY2023	6 Neck J Pelvic Cavity	0 Open 3 Percutaneous 4 Percutaneous Endoscopic 7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	Z No Device	X Diagnostic Z No Qualifier

No change	Section 5 Extracorporeal or Systemic Assistance and Performance			
	Body System A Physiological Systems			
	Operation 0 Assistance: Taking over a portion of a physiological function by extracorporeal means			
Heading	Body System	Duration	Function	Qualifier
FY2023	2 Cardiac	1 Intermittent	1 Output	0 Balloon Pump 5 Pulsatile Compression 6 Other Pump D Impeller Pump
FY2023	2 Cardiac	2 Continuous	1 Output	0 Balloon Pump 5 Pulsatile Compression 6 Other Pump D Impeller Pump
FY2023	2 Cardiac	2 Continuous	2 Oxygenation	C Supersaturated
FY2023	5 Circulatory	1 Intermittent 2 Continuous	2 Oxygenation	1 Hyperbaric

New Technologies:

X0H	Insertion of Neurostimulator Lead into Sphenopalatine Ganglion, Vagus Nerve
X0H	Computer-assisted Transcranial Magnetic Stimulation of Prefrontal Cortex
X2A	Intermittent coronary sinus occlusion
XF5	Destruction of liver using ultrasound-guided cavitation
XKU	Supplement Upper Spine Bursa and Ligament with Posterior Vertebral Tether
XNH	Insertion of Internal Fixation Device with Tulip Connector into Left or Right Pelvic Bone
XRG	Fusion of Left or Right Sacroiliac Joint using Internal Fixation Device with Tulip Connector; Fusion using Interbody Fusion Device, Customizable
XRH	Insertion of Posterior Spinal Motion Preservation Device into Lumbar and Lumbosacral Joints
XRR	Replacement of lateral or medial meniscus with synthetic substitute
XW0	Introduction of Substance (several additions)
XW1	Transfusion of Substance into Central and Peripheral Vein
XXE	Measurement of Coronary Artery Flow and Infection of whole blood; Measurement of Brain Electrical Activity with Computer-Aided Semiologic Analysis
XY0	Extracorporeal Antimicrobial Administration and Anticoagulant

POLL QUESTION

T/F: There are 331 new procedure codes for FY 2023 but there are not any new technology codes for treatment of COVID



ICD-10-PCS Take Aways:

- 2023 changes focus on aligning the procedures to their respective systems in the Medical and Surgical section. The moving of the LITT procedures from the Radiation Therapy section is one example.
- Pay attention to the many changes to body part and qualifier values.
- Understand the new B3.19 and the revised B4.1c and B6.1a guidelines.



**KEY
TAKEAWAYS**

Questions?

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