

How to look up key new & revised FY2020 codes

September 2019

Deep Tissue Injury Codes

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

Deep Tissue Injury Guidelines

Section I.C.12.a.1)

Codes in category L89, Pressure ulcer, identify the site **and** stage of the pressure ulcer. The ICD-10-CM classifies pressure ulcer stages based on severity, which is designated by stages 1-4, **deep tissue pressure injury**, unspecified stage, and unstageable. Assign as many codes from category L89 as needed to identify all the pressure ulcers the patient has, if applicable.

Section I.C.12.a.7) – NEW!

For pressure-induced deep tissue damage or deep tissue pressure injury, assign only the appropriate code for pressure-induced deep tissue damage (L89.--6).

I48 – Atrial Fibrillation

- **Persistent — Subcategory I48.1**

The heart rhythm doesn't go back to normal on its own. If you have persistent atrial fibrillation, you'll need treatment such as an electrical shock or medications in order to restore your heart rhythm.

- **Longstanding persistent — Code I48.11**

The issue is continuous and lasts longer than 12 months.

- **Permanent — I48.21**

The abnormal heart rhythm can't be restored. You'll have atrial fibrillation permanently, and you'll often require medications to control your heart rate.

Revised Guidelines

Section I.C.9.e.5)

Type 2 myocardial infarction (myocardial infarction due to demand ischemia or secondary to ischemic imbalance) is assigned to code I21.A1, Myocardial infarction type 2 with the underlying cause **coded first**. Do not assign code I24.8, Other forms of acute ischemic heart disease, for the demand ischemia. **If** a type 2 AMI is described as NSTEMI or STEMI, only assign code I21.A1. Codes I21.01-I21.4 should only be assigned for type 1 AMIs.

Section I.C.19.e.4)

If two or more drugs, medicinal or biological substances are **taken**, code each individually unless a combination code is listed in the Table of Drugs and Chemicals. **If multiple unspecified drugs, medicinal or biological substances were taken, assign the appropriate code from subcategory T50.91, Poisoning by, adverse effect of and underdosing of multiple unspecified drugs, medicaments and biological substances.**

Chapter 19 Revised Guidelines

Section I.C.19.b.3)

Injury codes from Chapter 19 should not be assigned for injuries that occur during, or as a result of, a medical intervention. Assign the appropriate complication code(s).

Section I.C.19.g.5)

Intraoperative and postprocedural complication codes are found within the body system chapters with codes specific to the organs and structures of that body system. These codes should be sequenced first, followed by a code(s) for the specific complication, if applicable. **Complication codes from the body system chapters should be assigned for intraoperative and postprocedural complications (e.g., the appropriate complication code from chapter 9 would be assigned for a vascular intraoperative or postprocedural complication) unless the complication is specifically indexed to a T code in chapter 19.**

Section I.C.19.c.3)

For physeal fractures, assign only the code identifying the type of physeal fracture. Do not assign a separate code to identify the specific bone that is fractured.