ICD-10 Coding Tips 2025

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UASI Coding Services and Consulting Solutions leverages our extensive coding expertise, offering a variety of coding and documentation services.

As organizational needs change, UASI is here to assist in any capacity, including coding and audit support, consultative solutions and interim management services.

This updated Coding Tips includes information specific to the FY2025 changes impacting coding in every area of healthcare.

Contents:

*The information present here is not intended to serve as coding or legal advice. Many variables affect code selection and sequencing. All coding must be considered on a case-by-case basis as supported by the documentation presented. Payer-specific rules and regulations must also be taken into consideration in code selection.

The information contained here was accurate at the date of publication and is subject to change based on quarterly Coding Clinic updates from the AMA and yearly code changes as determined by NCHS and CMS with approval from the WHO

Official Guidelines for Coding and Reporting

FY2025 ICD-10-CM Official Coding Guideline (OCG) Updates

OCG I.C.1.d.5(b).: Sepsis due to 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 would, other surgical site**, that identifies the site of the infection should be sequenced first, if known

OCG I.C.2.s: Breast Implant Associated Anaplastic Large Cell Lymphoma

- 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 **or C84.78, Anaplastic large cell lymphoma, ALK-negative, in remission, for BIA-ALCL in remission**. Do not assign a complication code from chapter 19.

OCG I.C.2.t: Secondary malignant neoplasm of lymphoid tissue

- When a malignant neoplasm of lymphoid tissue metastasizes beyond the lymph nodes, a code from categories C81–C85 with a final character identifying “extranodal and solid organ sites” should be assigned rather than a code for the secondary neoplasm of the affected solid organ.
OCG C.21.c.4: History (of)

OCG I.C.4.1.a: **Presymptomatic Type I Diabetes Mellitus**

- **Codes E10.A–, Type 1 diabetes mellitus, presymptomatic, are assigned**

FY2025 ICD-10-CM Social Determinants of Health (SDOH)

FY2025 changes for 7 ICD-10-CM codes related to housing from Non-CC to CC designation

Code	Description
Z59.10	Inadequate housing, unspecified
Z59.11	Inadequate housing environmental temperature
Z59.12	Inadequate housing utilities
Z59.19	Other inadequate housing
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

ICD-10-CM Significant Code Updates for FY2025 (not a complete list of ALL ICD-10-CM changes for FY2025)

Chapter 2 - Neoplasms		
DX Code	**Description**	**CC/MCC**
C81.0A–C81.9A	Hodgkin Lymphoma types	CC
C82.0A–C82.9A	Follicular Lymphoma types	CC
C83.0A- C83.9A	Non-Follicular Lymphoma types	CC
C84.0A- C84.ZA	Mature T/NK-Cell Lymphoma types	CC
C85.1A–C85.9A	Other specified/unspecified types of non-Hodgkin lymphoma	CC
C85.00–C86.61	Other specified types of T/NK-cell lymphoma	CC
C88.20-C88.91	Malignant immunoproliferative diseases and other B-cell lymphomas	CC

Chapter 3 – Diseases of blood and blood-forming organs		
DX Code	**Description**	**CC/MCC**
D61.03	Fanconi anemia	CC

*Fanconi anemia (FA) is a rare inherited condition that affects bone marrow along with other parts of the body. It is the most common type of aplastic anemia, and different from Fanconi syndrome, a rare kidney disorder.

ICD-10-CM Significant Code Updates for FY2025

Chapter 4 – Endocrine, Nutritional & Metabolic		
DX Code	**Description**	**CC/MCC**
E10.A0-E10.A2	Type 1 diabetes (presymptomatic, stage 1, stage 2)	N/A
E16.A1-E16.A3	Hypoglycemia (level 1, 2 or 3)	N/A
E34.00-E34.09	Carcinoid syndrome types	CC
E66.811-E66.813	Obesity (class 1, 2, or 3)	N/A
E74.820-E74.829	Disorders of Citrate Metabolism	CC

- Presymptomatic type 1 diabetes, stages 1-3, determined by specific laboratory findings
- Obesity classes Class 1: BMI of 30 to <35
  - Class 2: BMI of 35 to <40
  - Class 3: BMI of 40 or higher

Chapter 5 – Mental, Behavioral & Neurodevelopmental		
DX Code	**Description**	CC/MCC
F50.010-F50.029	Types of Anorexia Nervosa	CC
F50.20-F50.25	Types of Bulimia Nervosa	CC
F50.810-F50.819	Binge eating disorders	N/A

ICD-10-CM Significant Code Updates for FY2025

Chapter 6 – Diseases of Nervous System		
DX Code	**Description**	CC/MCC
G40.841–G40.844	KCNQ2-related epilepsy types	CC
G93.45	Developmental and epileptic encephalopathy	CC

Chapter 9 – Diseases of Circulatory System		
DX Code	**Description**	**CC/MCC**
I26.03	Cement embolism of pulmonary artery with acute cor pulmonale	MCC
I26.04	Fat embolism of pulmonary artery with acute cor pulmonale	MCC
I26.95	Cement embolism of pulmonary artery without acute cor pulmonale	MCC
I26.96	Fat embolism of pulmonary artery without acute cor pulmonale	MCC

ICD-10-CM Significant Code Updates for FY2025

Chapter 10 – Diseases of Respiratory System		
DX Code	**Description**	**CC/MC**
J34.8200–J34.8202	Types of internal nasal valve collapse	N/A
J34.8210–J34.8212	Types of external nasal valve collapse	N/A
J34.829	Nasal valve collapse, unspecified	N/A

Chapter 11 – Diseases of Digestive System		
DX Code	**Description**	**CC/MC**
K60.30–K60.329	Types of Anal fistula	N/A
K60.40–K60.429	Types of Rectal fistula	N/A
K60.50–K60.529	Types of Anorectal fistula	N/A

ICD-10-CM Significant Code Updates for FY2025

Chapter 13 – Disease of the Musculoskeletal System		
DX Code	**Description**	**CC/MCC**
M51.360-M51.379	Types of intervertebral disc degeneratio	N/A
M62.85	Dysfunction of the multifidus muscles, lumbar	N/A
M65.90-M65.99	Unspecified synovitis and tenosynovitis, by site	N/A

Chapter 19 – Injury, Poisoning and certain consequences of external causes		
DX Code	**Description**	**CC/MCC**
T45.AX1-T45.AX6 [A, D, S]	Poisoning/Adverse effect – immune checkpoint inhibitors and immunostimulant drugs	N/A
T81.320-T81.329 [A, D, S]	Types of disruption or dehiscence	A – CC

ICD-10-CM Significant Code Updates for FY2025

Chapter 21 – Factors Influencing Health Status		
DX Code	**Description**	**CC/MCC**
Z17.21–Z17.421	Types of Estrogen Receptor status	N/A
Z51.A	Encounter for Sepsis aftercare	N/A
Z59.71	Insufficient health insurance coverage	N/A
Z59.72	Insufficient welfare support	N/A
Z68.55–Z68.56	Pediatric BMI codes	CC
Z86.0101–Z86.0109	History of colon polyp codes	N/A

FY2025 ICD-10-PCS Official Guideline (OCG) Updates

There are **no updates** to the ICD-10-PCS Official Guidelines for Coding and Reporting for FY2025.

ICD-10-PCS Significant Medical & Surgical Code Updates for FY2025

New Qualifier
Section 0 Medical and Surgical **Body System 0 Central Nervous System and Cranial Nerves** **Operation 5 Destruction: Physical eradication of all or a portion of a body part by the direct use of energy, force, or a destructive agent**

Body Part	Approach	Device	Qualifier
0 Brain	3 Percutaneous	Z No Device	3 Laser Interstitial Thermal Therapy *4 Steroelectroencephalographic Radiofrequency Ablation* Z No Qualifier

New Qualifier
Section 0 Medical and Surgical **Body System 0 Central Nervous System and Cranial Nerves** **Operation K Map: Locating the route of passage of electrical impulses and/or locating functional areas in a body part**

Body Part	Approach	Device	Qualifier
0 Brain	X External	Z No Device	*1 Connectomic Analysis*

*Quicktome allows for the connectomic analysis of the location and function of a patient's unique brain networks, which are responsible for everything from language to movement to thought and emotion.

New Qualifier
Section 0 Medical and Surgical **Body System 4 Lower Arteries** **Operation 1 Bypass: Altering the route of passage of the contents of a tubular body part**

Body Part	Approach	Device	Qualifier
3 Hepatic Artery 4 Splenic Artery	0 Open 4 Percutaneous Endoscopic	9 Autologous Venous Tissue A Autologous Arterial Tissue J Synthetic Substitute	3 Renal Artery, Right 4 Renal Artery, Left 5 Renal Artery, Bilateral ***R Lower Artery***

*These changes will enable the capture of detail for bypass procedures from the hepatic artery or its branches to lower arteries other than the renal arteries.

New Approach			
Section 0 Medical and Surgical Body System F Hepatobiliary System and Pancreas Operation P Removal: Taking out or off a device from body part			
Body Part	**Approach**	**Device**	**Qualifier**
4 Gallbladder G Pancreas	***8 Via Natural or Artificial Opening Endoscopic***	**0 Drainage Device**	**Z No Qualifier**

*Endoscopic drainage procedures are typically done to drain infection from the gallbladder, pancreatic pseudocysts or other walled off necrotic lesions into the duodenum or the stomach

New Approach			
Section 0 Medical and Surgical Body System F Hepatobiliary System and Pancreas Operation W Revision: Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device			
Body Part	**Approach**	**Device**	**Qualifier**
4 Gallbladder G Pancreas	***8 Via Natural or Artificial Opening Endoscopic***	**0 Drainage Device**	**Z No Qualifier**

New Qualifier
Section 0 Medical and Surgical **Body System H Skin and Breast** **Operation R Replacement: Putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part**

Body Part	Approach	Device	Qualifier
T Breast, Right U Breast, Left V Breast, Bilateral	0 Open	7 Autologous Tissue Substitute	5 Latissimus Dorsi Myocutaneous Flap 6 Transverse Rectus Abdominis Myocutaneous Flap 7 Deep Inferior Epigastric Artery Flap 8 Superficial Inferior Epigastric Artery Flap 9 Gluteal Artery Perforator Flap ***B Lumbar Artery Perforator Flap*** Z No Qualifier

New Device
Section 0 Medical and Surgical **Body System N Head and Facial Bones** **Operation P Removal: Taking out or off a device from a body part**

Body Part	Approach	Device	Qualifier
B Nasal Bone W Facial Bone	0 Open 3 Percutaneous 4 Percutaneous Endoscopic	0 Drainage Device 4 Internal Fixation Device *5 External Fixation Device* 7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute M Bone Growth Stimulator	Z No Qualifier
B Nasal Bone W Facial Bone	X External	0 Drainage Device 4 Internal Fixation Device *5 External Fixation Device* M Bone Growth Stimulator	Z No Qualifier

New Device
Section 0 Medical and Surgical **Body System N Head and Facial Bones** **Operation W Revision: Correcting, to the extent possible, a portion of a malfunctioning device or the position of a displaced device**

Body Part	Approach	Device	Qualifier
B Nasal Bone W Facial Bone	0 Open 3 Percutaneous 4 Percutaneous Endoscopic X External	0 Drainage Device 4 Internal Fixation Device *5 External Fixation Device* 7 Autologous Tissue Substitute J Synthetic Substitute K Nonautologous Tissue Substitute M Bone Growth Stimulator	Z No Qualifier

ICD-10-PCS Coding Tips

ICD-10-PCS - Coding Conventions

Reminders specific to the ICD-10-PCS Official Guidelines for Coding and Reporting

A. Conventions

- A8: All seven characters must be specified to be a valid code. If the documentation is incomplete for coding purposes, the physician should be queried for the necessary information.
- A11: Many of the terms used to construct PCS codes are defined within the system. It is the coder's responsibility to determine what the documentation in the medical record equates to in the PCS definitions. The physician is not expected to use the terms used in PCS code descriptions, nor is the coder required to query the physician when the correlation between documentation and the defined PCS terms is clear.
    - Example: When the physician documents 'partial resection' the coder can independently correlate 'partial resection' to the root operation Excision without querying the physician for clarification.
- B3.1a: In order to determine the appropriate root operation, the full definition of the root operation as contained in the PCS Tables must be applied.

- B3.2: Multiple procedures – During the same operative episode, multiple procedures are coded if:
  - A. The same root operation is performed on different body parts as defined by distinct values of the body part character.
    - Example: Diagnostic excision of liver and pancreas are coded separately.
  - B. The same root operation is repeated in multiple body parts, and those body parts are separate and distinct body parts classified to a single ICD-10-PCS body part value.
    - Example: Excision of the sartorius muscle and excision of the gracilis muscle are both included in the upper leg muscle body part value, and multiple procedures are coded.
  - C. Multiple root operations with distinct objectives are performed on the same body part.
    - Example: Destruction of sigmoid lesion and bypass of sigmoid colon are coded separately.
  - D. The intended root operation is attempted using one approach but is converted to a different approach.
    - Example: Lap cholecystectomy converted to an open cholecystectomy is coded as percutaneous endoscopic inspection and open resection.

- B3.4b Biopsy followed by more definitive treatment
  - If a diagnostic Excision, Extraction, or Drainage procedure (biopsy) is followed by a more definitive procedure, such as destruction, Excision, or Resection at the same procedure site, both the biopsy and the more definitive treatment are coded.
    - Example: Biopsy of breast followed by partial mastectomy at the same procedure site, both the biopsy and the partial mastectomy procedure are coded.

Guidelines for Achieving a Compliant Query Practice

The updated Guideline for Achieving a Compliant Query Practice was published December 2022.

"The documentation query process is used for several initiatives which may include reimbursement methodologies, data stewardship and collection, quality measures, medical necessity, denial prevention, and so forth. Regardless of organizational objectives, professionals seeking documentation clarification need to follow this practice brief."

As diagnoses such as sepsis, severe malnutrition, metabolic encephalopathy and respiratory failure are all on the radar of payers for potential denial, it is more important than ever to make sure the documentation in the patient record is sufficient to support the assignment of these diagnoses and others.

Queries should include the relevant clinical indicators that show why a more complete or accurate diagnosis or procedure is requested.

Guidelines for Achieving a Compliant Query Practice

"Clinical indicator(s)" is a broad term encompassing documentation that supports a diagnosis as reportable and/or establishes the presence of a condition. Two Examples of clinical indicators include (but are not limited to): provider observations (physical exam and assessment), diagnostic tests, treatments, medications, trends, and consultant documentation authored by providers and ancillary professionals documented throughout the health record. There is no required number of clinical indicator(s) that must accompany a query because what is a "relevant" clinical indicator will vary by diagnosis, patient, and clinical scenario.

It is ultimately up to the providers to make the final determination as to what clinical indicator(s) define a diagnosis.

Clinical Indicators should:

- Be clear and concise
- Directly support the condition requiring clarification
- Allow the provider to clinically determine the most appropriate medical condition or procedure
- Paint the clinical picture of the diagnosis queried to be added or clinically validated
- Be specific or directly related to, but not necessarily from, the current encounter
- Support documentation that will translate to the most accurate code

Clinical indicator(s) may be sourced from the entirety of the patient's health record, including but not limited to:

- Emergency services documentation (e.g., emergency service transport, ED provider, etc.)
- Diagnostic findings (e.g., laboratory, imaging)
- Provider impressions (e.g., H&P, progress notes, consultations)
- Relevant prior visits (if the documentation is clinically pertinent to present encounter)
- Ancillary professional documentation and assessments (e.g., nursing, nutritionist, wound care, physical, occupational, speech, and respiratory therapist)
- Procedure/operative notes
- Care management and social services

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