FY 2025 ICD-10-CM Updates Impacting Post Acute Care
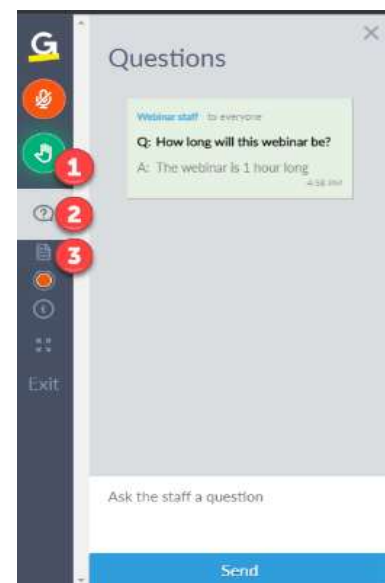
Effective October 1, 2024

Public

1

Housekeeping

- All attendees are in listen-only mode.

- Attendees can post questions using the Question pane.

- A QA document will be posted with the recording.

1	Raise hand
2	Ask question(s).
3	Download or view handouts

2

1

Presenter Introduction

Tracey Beattie RHIA, CCS-P, RAC-CT, CSPO
AHIMA Approved ICD-10-CM Trainer

Tracey Beattie has over 30 years of coding experience, 20 of which were in skilled nursing 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 Post Acute Care Nursing (AAPACN).

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AHIMA Credentialed Parties May Earn 1 CE Credit

 Requirements:

Participate in the entire session.

This session has been approved for continuing education units (CEUs), which can be used to fulfill the continuing education requirements for the American Health Information Management Association (AHIMA).
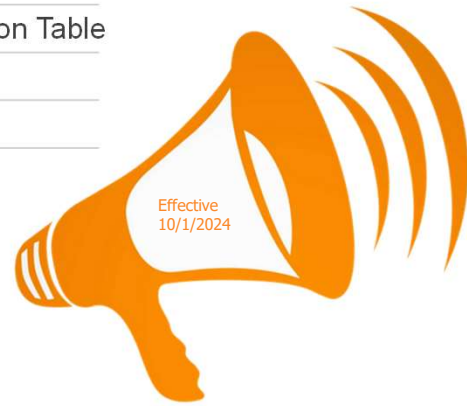
AHIMA
APPROVED
CEU
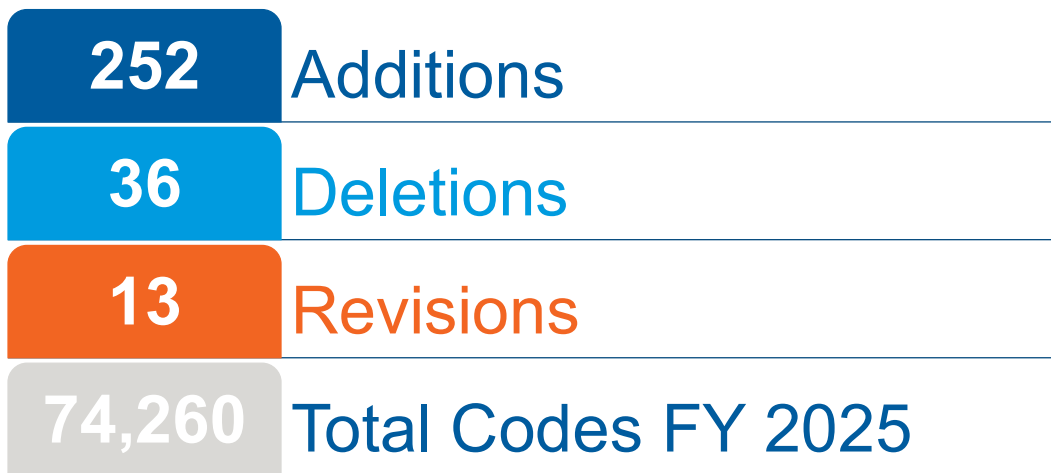PROGRAM

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Agenda

- FY 2025 ICD-10-CM Code & Guideline Updates
- FY 2025 ICD-10-CM Tables - Addendum - Conversion Table
- Process to Update Invalid ICD-10-CM Codes
- CEU

Effective 10/1/2024

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FY 2025 ICD-10-CM Code Changes October 1, 2024

252	Additions
36	Deletions
13	Revisions
74,260	Total Codes FY 2025

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3

FY 2025 PDPM

- NTA – 2,148, ICD-10-CM codes eligible for NTA points in I8000.
- Speech – 98, ICD-10-CM codes eligible for speech points in I8000.

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Official Guidelines for Coding and Reporting

ICD-10-CM Official Guidelines for Coding and Reporting
**FY 2025 -- UPDATED October 1, 2024
(October 1, 2024 - September 30, 2025)**

Narrative changes appear in bold text
Items underlined have been moved within the guidelines since the April 2024, FY 2024 version
Italics are used to indicate revisions to heading changes

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Chapter 1: Certain Infections and Parasitic Disease

(A00-B99), U09.9

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Chapter 1 Guideline Update

(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.

T81.41 Infection following a procedure, superficial incisional surgical site

T81.42 Infection following a procedure, deep incisional surgical site

T81.43 Infection following a procedure, organ and space surgical site

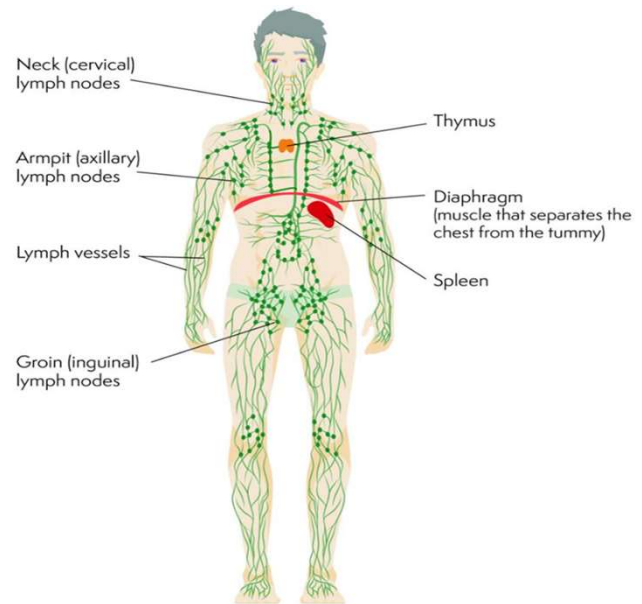T81.49 Infection following a procedure, other surgical site

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Chapter 2: Neoplasms

(C00-D49)

Neck (cervical) lymph nodes
Thymus
Armpit (axillary) lymph nodes
Diaphragm (muscle that separates the chest from the tummy)
Lymph vessels
Spleen
Groin (inguinal) lymph nodes

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Lymphoma - **New Codes** In Remission

Lymphoma is a cancer of the lymphatic system, which is part of the body's germ-fighting network. It usually develops when a change or mutation occurs within a lymphocyte (type of WBC), causing the abnormal cell to replicate faster than or live longer than a normal lymphocyte.

| Hodgkin's and high-grade non-Hodgkin's lymphomas often go into complete remission and need no further treatment. | To ensure they have reached a complete remission, their disease status must be monitored on an ongoing basis through tests and scans. | Ongoing post-treatment monitoring is done to ensure the patient stays in remission for up to 5 years, depending on the type of lymphoma. | Many patients stay in remission, but relapse is possible. |

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Hodgkin Lymphoma - **New Codes** In Remission

PDPM Clinical Category: "In remission" = **RTP**

No Change   **C81 Hodgkin lymphoma**

No Change   **C81.0 Nodular lymphocyte predominant Hodgkin lymphoma**

Add   **C81.0A Nodular lymphocyte predominant Hodgkin lymphoma, in remission**

No Change   **C81.1 Nodular sclerosis Hodgkin lymphoma**

Add   **C81.1A Nodular sclerosis Hodgkin lymphoma, in remission**

No Change   **C81.2 Mixed cellularity Hodgkin lymphoma**

Add   **C81.2A Mixed cellularity Hodgkin lymphoma, in remission**

Previously coded as **Z85.71** History personal Hodgkin Lymphoma

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Follicular/Non-Lymphoma - **New Codes** In Remission

PDPM Clinical Category: "In remission" = **RTP**

No Change   **C82 Follicular lymphoma**

No Change   **C82.0 Follicular lymphoma grade I**

Add   **C82.0A Follicular lymphoma grade I, in remission**

No Change   **C83 Non-follicular lymphoma**

No Change   **C83.0 Small cell B-cell lymphoma**

Add   **C83.0A Small cell B-cell lymphoma, in remission**

Previously coded as **Z85.72** History personal Non-Hodgkin Lymphoma

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Non-Hodgkin Lymphoma - **New Codes** In Remission

PDPM Clinical Category: "In remission" = **RTP**

No Change	**C85 Other specified and unspecified types of non-Hodgkin lymphoma**
No Change	**C85.1 Unspecified B-cell lymphoma**
Add	**C85.1A Unspecified B-cell lymphoma, in remission**
No Change	**C85.2 Mediastinal (thymic) large B-cell lymphoma**
Add	**C85.2A Mediastinal (thymic) large B-cell lymphoma, in remission**
No Change	**C85.8 Other specified types of non-Hodgkin lymphoma**
Add	**C85.8A Other specified types of non-Hodgkin lymphoma, in remission**

Previously coded as **Z85.72** History personal Non-Hodgkin Lymphoma

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Lymphoma - **New Codes** Not Achieved Remission, In Remission

Subcategories **C86** and **C88** have been expanded to include:
- **Not having achieved remission** (0)
- In remission (1)

No Change	**C86 Other specified types of T/NK-cell lymphoma**
No Change	**C86.0 Extranodal NK/T-cell lymphoma, nasal type**
Add	**C86.00 Extranodal NK/T-cell lymphoma, nasal type not having achieved remission**
Add	Extranodal NK/T-cell lymphoma, nasal type NOS
Add	Extranodal NK/T-cell lymphoma, nasal type with failed remission
Add	**C86.01 Extranodal NK/T-cell lymphoma, nasal type, in remission**
No Change	**C88 Malignant immunoproliferative diseases and certain other B-cell lymphomas**
No Change	**C88.0 Waldenström macroglobulinemia**
Add	**C88.00 Waldenström macroglobulinemia not having achieved remission**
Add	**C88.01 Waldenström macroglobulinemia, in remission**

PDPM Clinical Category:
"Not having achieved remission" = **Cancer**

C86 Previously coded as **Z85.72** History personal, non-Hodgkin lymphoma

C88 Previously coded as **Z85.79** History personal, malignant neoplasm of lymphoid and hematopoietic

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Coding Personal History of versus In Remission

- For some types of lymphoma, treatment aims to eliminate all the lymphoma and send it into complete remission (no evidence of lymphoma in tests and scans). This is usually the case with Hodgkin's Lymphoma and high-grade Non-Hodgkin's Lymphoma.

- Patients who go **in remission** are sometimes cured of their disease within 5 years. In remission when documented by the Physician codes to the appropriate **In Remission ICD-10-CM code**.

- **Complete remission** or **history of** when documented by the Physician means all evidence of disease is eliminated. Assign a code **personal history of ICD-10-CM code.**

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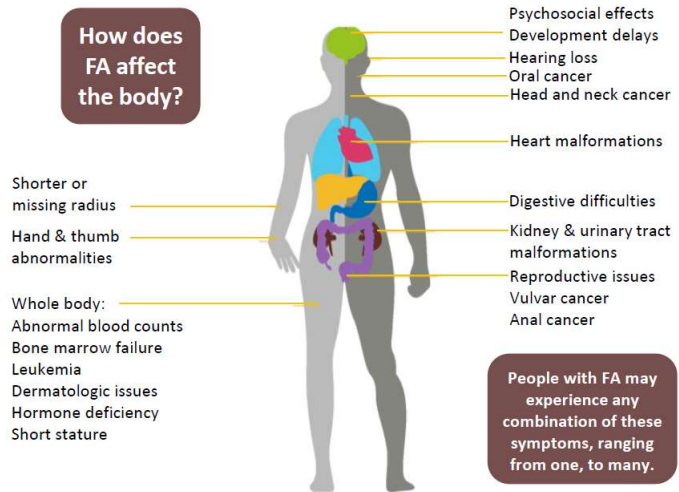
(D50-D89)

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18

Fanconi Anemia – **New Code**

Fanconi anemia (FA) is a rare inherited condition that affects the bone marrow and many other parts of the body. People with FA are at an increased risk of developing blood disorders and some kinds of cancer.

How does FA affect the body?

Psychosocial effects
Development delays
Hearing loss
Oral cancer
Head and neck cancer
Heart malformations
Digestive difficulties
Kidney & urinary tract malformations
Reproductive issues
Vulvar cancer
Anal cancer

Shorter or missing radius
Hand & thumb abnormalities
Whole body:
Abnormal blood counts
Bone marrow failure
Leukemia
Dermatologic issues
Hormone deficiency
Short stature

People with FA may experience any combination of these symptoms, ranging from one, to many.

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Fanconi Anemia – **New Code**

PDPM Clinical Category: Medical Management   **NTA**: 1 Point – Immune Disorders

No Change	**D61.0 Constitutional aplastic anemia**
Add	**D61.03 Fanconi anemia**
Add	Fanconi pancytopenia
Add	Fanconi's anemia
Add	**Excludes1:** Fanconi syndrome (E72.0-)

Previously coded as **D61.09** Other constitutional aplastic anemia

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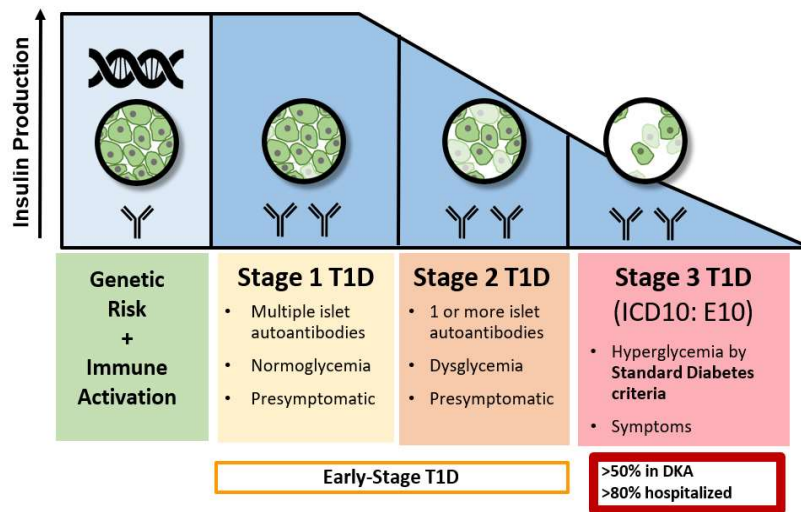
(E00-E89)

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Presymptomatic Type 1 Diabetes – **New Codes**

Prediabetes is an intermediate stage between normal glycemia and diabetes. It is highly prevalent, especially in the elderly & obese.

Previously coded as **R73.03** Prediabetes

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Presymptomatic Type 1 Diabetes – **New Codes**

PDPM Clinical Category: Medical Management   **NTA**: 2 Point – Diabetes

Add	**E10.A Type 1 diabetes mellitus, presymptomatic**
Add	Early-stage type 1 diabetes mellitus
Add	**E10.A0 Type 1 diabetes mellitus, presymptomatic, unspecified**
Add	**E10.A1 Type 1 diabetes mellitus, presymptomatic, Stage 1**
Add	Multiple confirmed islet autoantibodies with normoglycemia
Add	**E10.A2 Type 1 diabetes mellitus, presymptomatic, Stage 2**
Add	Confirmed islet autoimmunity with dysglycemia

At **R73.0** Abnormal glucose an **Excludes1 Note** was added for E10.A-

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Chapter 4 - Guideline Update

1)   Type of diabetes

The age of a patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason, type 1 diabetes mellitus is also referred to as juvenile diabetes.

(a) **Presymptomatic Type 1 Diabetes Mellitus**
Codes E10.A-, Type 1 diabetes mellitus, presymptomatic, are assigned for early-stage type 1 diabetes that predates the onset of symptoms.

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Hypoglycemia Levels

Hypoglycemia is a condition in which the blood sugar (glucose) level is lower than normal range, below 70 mg/dL, with clinically established signs and symptoms.

Level	Hypoglycemic Criteria/Description for Clinical Interpretation
Level 1	Glucose **<70 mg**/dl (3.9 mmol/L) and glucose ≥54 mg/dl (3.0 mmol/L) (Mild)
Level 2	Glucose **<54 mg**/dl (3.0 mmol/L) (Moderate)
Level 3	A severe event characterized by altered mental and/or physical status requiring assistance. (No laboratory hypoglycemic threshold established) (Severe)

American Diabetes Association: https://diabetesjournals.org/care/article/40/12/1622/36909/Standardizing-Clinically-Meaningful-Outcome

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Hypoglycemia Level - **New Codes**

PDPM Clinical Category: Medical Management

Add	**E16.A1 Hypoglycemia level 1**
Add	Decreased blood glucose level 1
Add	**E16.A2 Hypoglycemia level 2**
Add	Decreased blood glucose level 2
Add	**E16.A3 Hypoglycemia level 3**
Add	Decreased blood glucose level 3

Levels 1 - 3 may only be reported as documented by providers.
Coders may not use laboratory findings to seek or report levels.

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New **Use Additional** Code Note – **Tabular Updates**

A **Use Additional** code note, if applicable was added to the following ICD-10-CM codes:
E08.64, E09.64, E10.64, E11.64, E13.64, E16.0, E16.1, E16.2.

No Change	**E10.6 Type 1 diabetes mellitus with other specified complications**
No Change	**E10.64 Type 1 diabetes mellitus with hypoglycemia**
Add	**Use Additional** code for hypoglycemia level, if applicable (E16.A-)
No Change	**E11.64 Type 2 diabetes mellitus with hypoglycemia**
Add	**Use Additional** code for hypoglycemia level, if applicable (E16.A-)

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Coding Clinic – Laboratory Values

AHA Coding Clinic® for ICD-9 - 2003 Fourth Quarter; VOLUMES 1 & 2 NEW/REVISED CODES

AHA Coding Clinic® *for ICD-9-CM*

Impaired Fasting Glucose

Effective October 1, 2003, code 790.2, Abnormal glucose, has been expanded to separately identify impaired fasting glucose (790.21) and impaired glucose tolerance test (790.22).

Recommendations from the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus include a new stage of impaired glucose homeostasis called impaired fasting glucose (IFG). IFG is defined as a random fasting glucose of > or = to 110 mg/dl but < or = to 126 mg/dl. IFG is considered different from an abnormal glucose tolerance test or impaired glucose tolerance (IGT). IGT is defined as glucose obtained during an oral glucose tolerance test of > or = to 140 mg/dl but < 200 mg/dl.

This information is provided for informational purposes only to aid the coder's understanding and is intended to provide the coder with "clues" to identify possible gaps in physician documentation where additional physician query may be necessary. Codes should never be assigned based solely on laboratory values.

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14

Obesity Class – **New Codes**

PDPM Clinical Category: Medical Management **NTA**: 1 Point – E66.813, Z68.4-

No Change	**E66.8 Other obesity**	
Add		**E66.81 Obesity class**
Add		**E66.811 Obesity, class 1**
Add		**E66.812 Obesity, class 2**
Add		**E66.813 Obesity, class 3**
Add		**E66.89 Other obesity not elsewhere classified**

Preferred, stigma-free terminology. **Adult BMI categories**:
- Overweight: BMI 25 - 29.9
- Obesity **Class I**: BMI 30.0 - 34.9
- Obesity **Class II**: BMI 35.0 - 39.9
- Obesity **Class III**: BMI Above 40

Class 3 Obesity previously coded as **E66.01** Morbid Obesity

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BMI

Documentation by Clinicians Other than the Patient's Provider

Code assignment is based on the documentation by the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). There are a few exceptions when code assignment may be based on medical record documentation from clinicians who are not the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis).

The associated diagnosis (such as overweight, obesity, acute stroke, pressure ulcer, or a condition classifiable to category F10, Alcohol related disorders) must be documented by the patient's provider.

These exceptions include codes for:
- **Body Mass Index (BMI)**

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Z68   Body mass index (BMI)
BMI codes should only be assigned when there is an associated, reportable diagnosis (such as obesity).
See Section I.B.14. for BMI documentation by clinicians other than the patient's provider.

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PDPM Change in Default Clinical Category

Four (4) ICD-10-CM codes changed Clinical Categories mapping from Medical Management to **Return to Provider**.

- E88.10 Metabolic Syndrome
- E88.811 Insulin Resistance Syndrome, Type A
- E88.818 Other Insulin Resistance
- E88.819 Insulin Resistance, Unspecified

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Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders

(F01-F99)

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"With" Subindex added to Delirium – **Index Updates**

Revise from   **Delirium, delirious (acute or subacute) (not alcohol- or drug-induced) (with dementia)** R41.0
Revise to   **Delirium, delirious (acute or subacute) (not alcohol- or drug-induced)** R41.0
Add   - with
Add   - - dementia (see also Dementia) F05

"With"
The word "with" or "in" should be interpreted to mean "associated with" or "due to" when it appears in a code title, the Alphabetic Index (either under a main term or subterm), or an instructional note in the Tabular List. The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, <u>unless</u> the **documentation clearly states the conditions are unrelated or when another guideline exists that specifically requires a documented linkage** between two conditions (e.g., sepsis guideline for "acute organ dysfunction that is not clearly associated with the sepsis").
For conditions not specifically linked by these relational terms in the classification or when a guideline requires that a linkage between two conditions be explicitly documented, provider documentation must link the conditions in order to code them as related.

The word <u>"with" in the Alphabetic Index is sequenced immediately following the main term or subterm, not in alphabetical order.</u>

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Coding Clinic – "With" NEC

Diabetes with Arthropathy

question
There remains confusion about the correct coding of diabetes "with" associated conditions, and coding professionals are seeking guidance and clarity from *Coding Clinic*. For example, a patient is diagnosed with type 2 diabetes and arthritis. The provider has not linked the two conditions. However, there is an index entry for "diabetes with arthropathy." Since arthritis is a form of arthropathy, would it be appropriate to assign code E11.618, Type 2 diabetic arthropathy? This condition can be found in the Alphabetic Index as follows:

Diabetes, diabetic (mellitus) (sugar)

     with
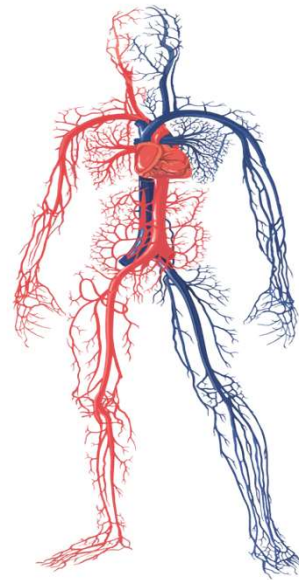   arthropathy NEC E11.618

answer
The "with" guideline does not apply to "not elsewhere classified (NEC)" index entries that cover broad categories of conditions. Specific conditions must be linked by the terms "with," "due to" or "associated with." Arthropathy is a general term for any condition that affects the joints, and there are different types of arthropathic conditions that are not necessarily related to diabetes. In order to link diabetes and arthritis, the provider would need to document the condition as a diabetic complication. Coding professionals should not assume a causal relationship when the diabetic complication is "NEC."

Similar advice on this topic was previously published in *Coding Clinic* Fourth Quarter 2017, pages 100-101.

Ask the Editor: Diabetes with Arthropathy. (2018, Issue 2). *AHA Coding Clinic for ICD-10-CM and ICD-10-PCS*. Retrieved from https://www.findacode.com/newsletters/aha-coding-clinic/icd/diabetes-arthropathy-I052003.html

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Chapter 9: Diseases of the Circulatory System

(I00-I99)

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Pulmonary Embolism with Acute Cor Pulm – **New Codes**

PDPM Clinical Category: I26.04 Medical Management

No Change	**I26.0 Pulmonary embolism with acute cor pulmonale**
Add	**I26.03 Cement embolism of pulmonary artery with acute cor pulmonale**
Add	**Code first** complication of other artery following a procedure (T81.718)
Add	**I26.04 Fat embolism of pulmonary artery with acute cor pulmonale**
Add	**Code first**, if applicable:
Add	complication of other artery following a procedure (T81.718)
Add	traumatic fat embolism (T79.1)

Previously coded as **I26.09** Other pulmonary embolism with acute cor pulmonale

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Pulmonary Embolism without Acute Cor Pulm – **New Codes**

PDPM Clinical Category: I26.96 Cardiovascular and Coagulations eligible for a change

Add	**I26.95 Cement embolism of pulmonary artery without acute cor pulmonale**
Add	**Code first** complication of other artery following a procedure (T81.718)
Add	**I26.96 Fat embolism of pulmonary artery without acute cor pulmonale**
Add	**Code first**, if applicable:
Add	complication of other artery following a procedure (T81.718)
Add	traumatic fat embolism (T79.1)

Previously coded as **I26.99** Other pulmonary embolism without acute cor pulmonale

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Chapter 10: Diseases of the Respiratory System

(J00-J99), U07.0

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Excludes1 to Excludes2 Note J18 – **Tabular Updates**

No Change	**J18 Pneumonia, unspecified organism**
No Change	**Code first**
Revise from	associated influenza, if applicable (J09.X1, J10.0-, J11.0-)
Revise to	if applicable, associated influenza (J09.X1, J10.0-, J11.0-)
Add	**Code also**, if applicable, any associated condition such as:
Add	aspiration pneumonia (J69.-)
Delete	**Excludes1:** abscess of lung with pneumonia (J85.1)
Delete	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	lipid pneumonia (J69.1)
Delete	pneumonitis due to external agents (J67-J70)
Add	**Excludes2:** abscess of lung with pneumonia (J85.1)
Add	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	lipid pneumonia (J69.1)
Add	pneumonitis due to external agents (J67-J70)

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Nasal Valve Collapse – **New Codes**

Static NVC is a narrowing of the nose at rest, whereby the angle between the lateral cartilage and nasal septum is anatomically small, and the area of the valve is reduced.

Dynamic NVC is caused when the lateral nasal wall is pulled inward by increased pressure upon inhalation.

PDPM Clinical Category: RTP

Add	**J34.8200 Internal nasal valve collapse, unspecified**
Add	**J34.8201 Internal nasal valve collapse, static**
Add	Narrowing of the septum, head of the inferior turbinate and the upper lateral cartilage
Add	**J34.8202 Internal nasal valve collapse, dynamic**
Add	Collapse or falling of the upper, middle sidewall of the nose on inspiration

Previously coded as **J34.89** Other specified disorders of the nose and nasal sinuses

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Nasal Valve Collapse – **New Codes**

PDPM Clinical Category: RTP

Add	J34.821 External nasal valve collapse
Add	J34.8210 External nasal valve collapse, unspecified
Add	J34.8211 External nasal valve collapse, static
Add	Fixed narrowing of the caudal septum, lower lateral cartilage, alar rim and nasal sill
Add	J34.8212 External nasal valve collapse, dynamic
Add	Collapse or falling of the lower sidewall or nostril of the nose on inspiration
Add	J34.829 Nasal valve collapse, unspecified
Add	Nasal valve collapse, NOS
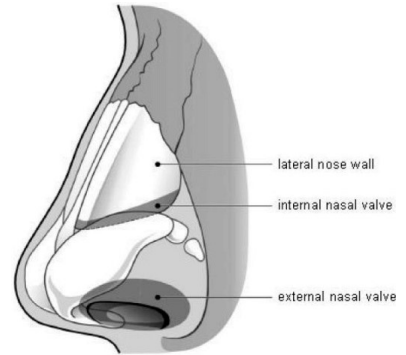
lateral nose wall

internal nasal valve

external nasal valve

Previously coded as **J34.89** Other specified disorders of the nose and nasal sinuses

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Chapter 12: Diseases of the Skin and Subcutaneous Tissue

(L00-L99)

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Cholestatic Pruritus – **New Codes**

Cholestatic pruritus is the itching of the skin caused by liver disease.

PDPM Clinical Category: RTP

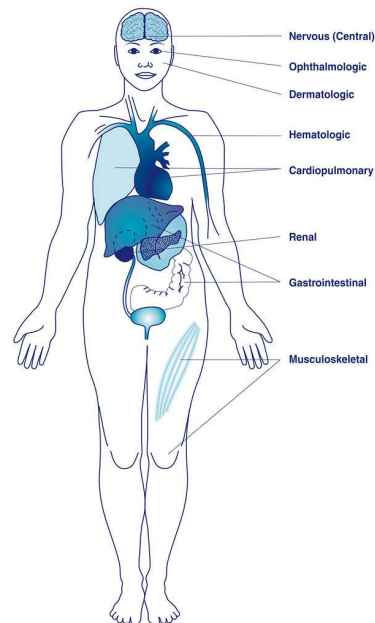|	
No Change	**L29.8 Other pruritus**
Add	**L29.81 Cholestatic pruritus**
Add	**Code also**, if applicable, type of liver disease
Add	**Use Additional** code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)
Add	**L29.89 Other pruritus**

Previously coded as **L29.8** Other pruritus

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Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue

(M00-M99)

Nervous (Central)
Ophthalmologic
Dermatologic
Hematologic
Cardiopulmonary
Renal
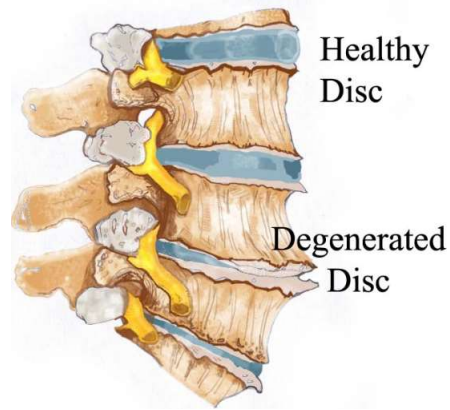Gastrointestinal
Musculoskeletal

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Degenerative Disc Disease With and Without Pain

Currently, there are no ICD-10-CM codes for 'discogenic' back pain. The type of pain present and whether it is primarily LBP, leg pain, or both is an important component of the clinical assessment.

Healthy Disc

Degenerated Disc

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Lumbar Degenerative Disc Disease w/wo Pain – **New Codes**
PDPM Clinical Category: Non-Surgical Orthopedic/Musculoskeletal

Add	**M51.360 Other intervertebral disc degeneration, lumbar region with discogenic back pain only**
Add	Other intervertebral disc degeneration, lumbar region with axial back pain only
Add	**M51.361 Other intervertebral disc degeneration, lumbar region with lower extremity pain only**
Add	Other intervertebral disc degeneration, lumbar region with leg pain only
Add	Other intervertebral disc degeneration, lumbar region with referred sclerotomal pain only
Add	**M51.362 Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain**
Add	Other intervertebral disc degeneration, lumbar region with discogenic back pain and leg pain
Add	Other intervertebral disc degeneration, lumbar region with axial back pain and referred sclerotomal pain
Add	**M51.369 Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain**
Add	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or leg pain
Add	Other intervertebral disc degeneration, lumbar region, NOS

Previously coded as **M51.36** Other intervertebral disc degeneration, lumbar region

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Lumbosacral DDD w/out Pain – **New Codes**

PDPM Clinical Category: Non-Surgical Orthopedic/Musculoskeletal

Add	**M51.370 Other intervertebral disc degeneration, lumbosacral region with discogenic back pain only**
Add	Other intervertebral disc degeneration, lumbosacral region with axial back pain only
Add	**M51.371 Other intervertebral disc degeneration, lumbosacral region with lower extremity pain only**
Add	Other intervertebral disc degeneration, lumbosacral region with leg pain only
Add	Other intervertebral disc degeneration, lumbosacral region with referred sclerotomal pain only
Add	**M51.372 Other intervertebral disc degeneration, lumbosacral region with discogenic back pain and lower extremity pain**
Add	Other intervertebral disc degeneration, lumbosacral region with discogenic bac pain and leg pain
Add	Other intervertebral disc degeneration, lumbosacral region with axial back pain, and referred sclerotomal pain
Add	**M51.379 Other intervertebral disc degeneration, lumbosacral region without mention of lumbar back pain or lower extremity pain**
Add	Other intervertebral disc degeneration, lumbosacral region without mention of lumbar back pain or leg pain
Add	Other intervertebral disc degeneration, lumbosacral region, NOS

Previously coded as **M51.37** Other intervertebral disc degeneration, lumbosacral region

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Sciatica – **New Tabular Notes**

No Change	**M54.3 Sciatica**
Add	**Excludes1:** intervertebral disc degeneration, lumbar region with lower extremity pain only (M51.361)
Add	intervertebral disc degeneration, lumbosacral region with lower extremity pain only (M51.371)
No Change	**M54.4 Lumbago with sciatica**
Add	**Excludes1:** intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain (M51.362)
Add	intervertebral disc degeneration, lumbosacral region with discogenic back pain and lower extremity pain (M51.372)
No Change	**M54.5 Low back pain**
Add	**Excludes1:** intervertebral disc degeneration, lumbar region with discogenic back pain only (M51.360)
Add	intervertebral disc degeneration, lumbosacral region with discogenic back pain only (M51.370)

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Chapter 21: Factors Influencing Health Status and Contact with Health Services

(Z00-Z99)

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Encounter for Sepsis Aftercare

Annually, of 1.4 million sepsis survivors, more than 40% transition to post-acute care (e.g., home health, skilled nursing care facilities). Sepsis survivors have a high risk of readmission risk due to post-acute complications and sequelae of sepsis after hospital discharge.

- > 40% of sepsis survivors are readmitted to the hospital within 90 days.

- Of those readmitted within 20 days, one-third do so within seven days.

Source: ICD-10-CM Code for Encounter for Sepsis Aftercare

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Encounter for Sepsis Aftercare – **New Code**

The new code will enable immediate identification of sepsis survivors and timely follow-ups**.**

PDPM Clinical Category: RTP

No Change	**Z51 Encounter for other aftercare and medical care**
Add	**Z51.A Encounter for sepsis aftercare**

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FY 2025 ICD-10-CM Tables

Effective October 1, 2024

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CMS ICD-10-CM Files

The 2025 ICD-10-CM files below contain information on the ICD-10-CM updates for FY 2025. These 2025 ICD-10-CM codes are to be used for discharges occurring from October 1, 2024, through September 30, 2025, and for patient encounters occurring from October 1, 2024, through September 30, 2025. *CMS website*

ICD-10 Files

∨ 2025 ICD-10 CM & PCS files

2025 ICD-10-CM files

These files include updates for FY 2025. Use these codes for discharges occurring from October 1, 2024 – September 30, 2025, and for patient encounters occurring from October 1, 2024 – September 30, 2025.

- 2025 POA Exempt Codes (ZIP)
- 2025 Conversion Table (ZIP)
- 2025 Code Descriptions in Tabular Order (ZIP)
- 2025 Addendum (ZIP)
- 2025 Code Tables, Tabular and Index (ZIP)
- FY 2025 ICD-10-CM Coding Guidelines (PDF)

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Addendum Files

ICD-10-CM INDEX to DISEASES and INJURIES
2025 Addenda

No Change	**A**
No Change	**Adenoma** - see also Neoplasm, benign, by site
Revise from	- prostate - see Neoplasm, benign, prostate
Revise to	- prostate - see Neoplasm, prostate, benign
No Change	**Admission (for)** - see also Encounter (for)
No Change	- aftercare (see also Aftercare) Z51.89
Add	- - sepsis Z51.A
No Change	**Allergy, allergic (reaction) (to)** T78.40
Revise from	- bee sting (anaphylactic shock) - see Toxicity, venom, arthropod, bee
Revise to	- bee sting (anaphylactic shock) T63.44-
No Change	**Alopecia (hereditaria) (seborrheica)** L65.9
No Change	- cicatricial L66.9
Add	- - central centrifugal L66.81
Revise from	- - specified NEC L66.8
Revise to	- - specified NEC L66.89
Add	- frontal fibrosing L66.12

ICD-10-CM TABULAR LIST of DISEASES and INJURIES
2025 Addenda

No Change	**Chapter 1**
No Change	**Certain infectious and parasitic diseases (A00-B99)**
No Change	**Intestinal infectious diseases (A00-A09)**
No Change	**A04 Other bacterial intestinal infections**
No Change	**A04.7 Enterocolitis due to Clostridium difficile**
Add	Clostridioides difficile colitis
No Change	**Tuberculosis (A15-A19)**
No Change	**A18 Tuberculosis of other organs**
No Change	**A18.4 Tuberculosis of skin and subcutaneous tissue**
Revise from	Lupus excedens
Revise to	Lupus exedens

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CMS PDPM – FY 2025 Mapping Tool

CMS.gov Patient Driven Payment Model

PDPM Resources

This section includes additional resources relevant to PDPM implementation, including various coding crosswalks and classification logic.

FY 2025 PDPM ICD-10 Mapping (ZIP) (effective 10-01-2024)

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Conversion Table

VALID - Current Code Assignment	Effective	INVALID - Previous Code(s) Assignment
L66.19	2024	L66.1
L66.81	2024	L66.8
L66.89	2024	L66.8
M51.360	2024	M51.36
M51.361	2024	M51.36
M51.362	2024	M51.36
M51.369	2024	M51.36
M51.370	2024	M51.37
M51.371	2024	M51.37
M51.372	2024	M51.37
M51.379	2024	M51.37
M62.85	2024	M62.89
M65.90	2024	M65.9
M65.911	2024	M65.9
M65.912	2024	M65.9
M65.919	2024	M65.9
M65.921	2024	M65.9
M65.922	2024	M65.9
M65.929	2024	M65.9
M65.931	2024	M65.9

This FY 2025 (October 1, 2024, Update) Conversion Table includes the new ICD-10-CM codes and is **provided to assist users in data retrieval**. For each new code, the table shows the effective date (year) and its previously assigned code equivalent.

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Process to Update Invalid ICD-10-CM Codes

Effective October 1, 2024

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Process to Update Invalid ICD-10-CM Codes

- Run an Invalid Code report on or after 10/1/24 for **active** residents. For date range 10/1/23 – 9/30/24.

- Invalid ICD-10-CM codes should be resolved effective 9/30/24. To ensure data integrity, never delete invalid codes.

- Add the revised code effective 10/1/24.

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MatrixCare Invalid Code Reports

Life Plan Communities

Admissions and Census > Reports > Invalid Diagnosis List (1936)

Select the options:

1. Enter Report as of Date 9/30/2024
2. Check "Only Active Residents"
3. Check "Exclude Resolved Diagnosis"

Skilled Nursing

Facility > Reports > Resident Info > ICD10 Diagnoses Report

Select the options:

1. Enter Date Range
2. Active Residents
3. Uncheck "Include Discharged"
4. Check "Obsolete Only"

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Thank you

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Resources

CMS ICD-10 Coordination and Maintenance Committee Meeting, Presentations March 7-8, 2023. https://www.cdc.gov/nchs/icd/icd-10-maintenance/meetings.html

CMS ICD-10 Coordination and Maintenance Committee Meeting, Presentations Sept 13-14, 2023. https://www.cdc.gov/nchs/icd/icd-10-maintenance/meetings.html

Diabetes. World Health Organization. https://www.who.int/news-room/fact-sheets/detail/diabetes

Post-Acute Care Use and Hospital Readmission after Sepsis. https://pubmed.ncbi.nlm.nih.gov/25751120/

Sepsis Survivors Transitioned to Home Health Care: Characteristics and Early Readmission Risk Factors. https://pubmed.ncbi.nlm.nih.gov/31837933/

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