2025 CPT® Update

Presented for Kids Health First

Mary E. Suhr, MBA, CPC
RCM Business Operations Director

Notices

When a third-party payer is involved, the determination of reimbursement for services is the decision of the individual insurance company based on the patient's policy and the third-party payer guidelines. No guidance can adequately address reimbursement issues for the hundreds of insurance payers that exist. Efforts have been made to ensure the information was valid at the date of presentation. Reimbursement policies vary from insurer to insurer and the policies of the same payer may vary within different U.S. regions. All policies should be verified to ensure compliance. Therefore, it is essential that each payer be contacted for their individual requirements.

The websites listed in this presentation are current and valid as of the date of this presentation. However, webpage addresses and the information on them may change or disappear at any time and for any number of reasons. The attendee is encouraged to confirm or locate any URLs listed here that are no longer valid.

Agenda

- CPT Updates
  - Telemedicine Spotlight
- New Patient vs Established Patient
  - How to use CPT G2211
- Incident-to Billing
- ICD-10 Updates
- Questions?

General Updates

Other Qualified Health Care Professional (QHP)

To incorporate the terminology "nonphysician qualified health care professional" throughout the CPT® Manual consistently, numerous revisions and deletions were made to address areas that were misaligned and used different terminology.

- Updates are to provide consistency in the manual
- **No changes** to the definition of other QHP (below)

"…A "physician or other qualified health care professional" is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. These professionals are distinct from "clinical staff." A clinical staff member is a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service. Other policies may also affect who may report specific services.

Throughout the CPT code set the use of terms such as "physician," "qualified health care professional," or "individual" is not intended to indicate that other entities may not report the service. In selected instances, specific instructions may define a service as limited to professionals or limited to other entities (eg, hospital or home health agency)."

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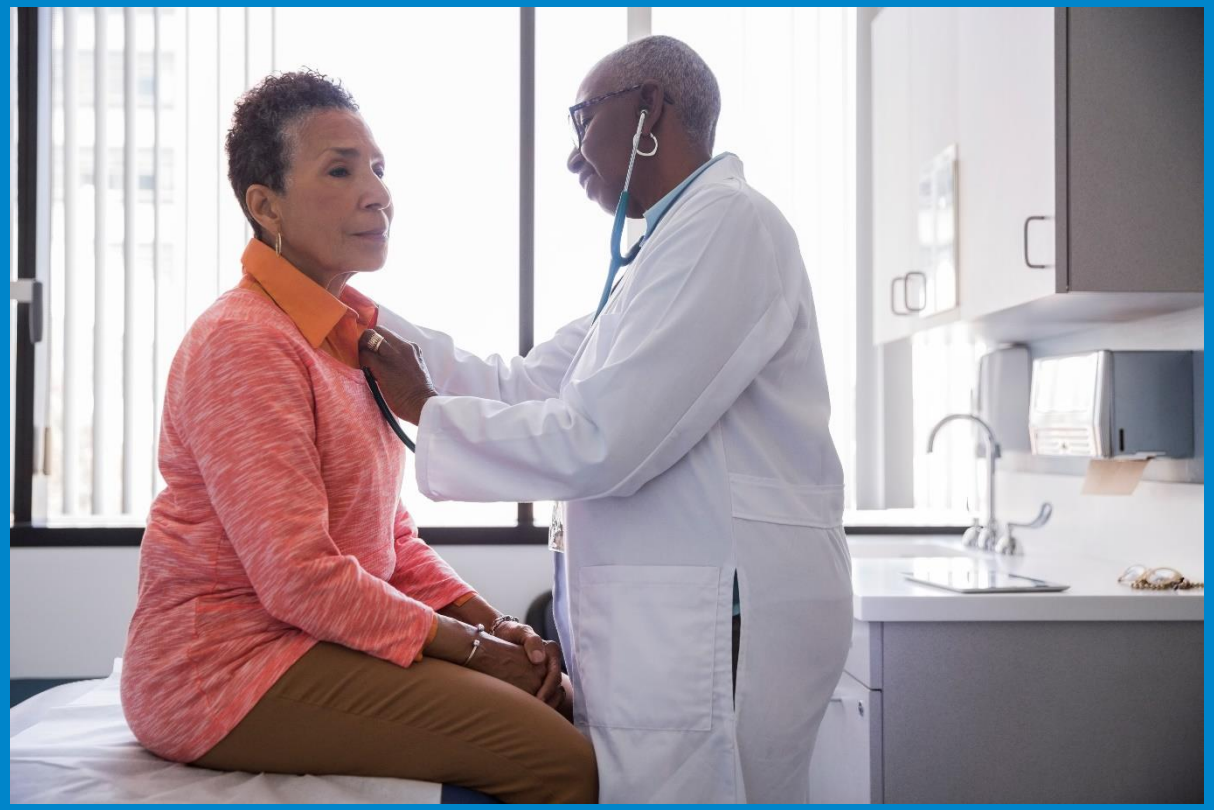
Evaluation and Management Updates



CPT® 2025 Code Changes - Telemedicine

Telemedicine Office Visits

Delete

- 99441 – 99443 Telephone E/M service
- Telemedicine symbol (★) removed from 99202 – 99205, 99211 – 99215. Codes are no longer used to report telemedicine office visits.

New E/M Subsection

- Telemedicine services subsection
- Added within E/M office visits or Other Outpatient Services
- Guidelines for reporting new codes

New codes

- 17 new Telemedicine codes

Telemedicine Office Visits - Guidelines

Telemedicine Services

- Synchronous, real-time, interactive
- Physician (or other QHP) and patient
- Utilize combined audio-video or audio only

Level based on

- MDM or Time
- Unless specifically stated in code descriptor

In lieu of in-person when

- Medically appropriate to address patient care
- Patient and/or family/caregiver agree

Telemedicine Office Visits - Guidelines

Not used to report

- Routine telecommunications related to previous encounter
  - -Example: To communicate lab results
- Asynchronous (not live in real-time)
  - -Report asynchronous services with Online Digital E/M 99421 – 99423
- Oversight of clinical staff (eg. CCM)
  - -Do not count telemedicine time towards chronic care management (99437, 99491) or principal care management (99424 – 99425)
- Time establishing connection or arranging appointment
- Services less than 5 minutes
- Online digital communication
- -Except via telecommunication device technology for deaf patient

Telemedicine Office Visits - Guidelines

May be used to report

- Follow-up of previous encounter when follow-up E/M service is required
  - -Use in same manner as in-person E/M service
  - -Example: Patient requires re-assessment of previous visit treatment plan due to response or complications
- Audio-video connections lost and only audio restored
  - -report service that accounted for majority of interactive time

Telemedicine Follow-up Guidelines

Do not require specific time interval from last in-person (or telemedicine) visit

- Except for 98016 (no related E/M in previous 7 days)

May be initiated by physician, other QHP, patient, or family/caregiver

- Must be performed on separate DOS from another E/M

If performed on same DOS as another E/M

- Elements of MDM and time are combined
- Overlapping time is only counted once

If minimum time for reporting telemedicine service not achieved

- Time spent with patient may still be counted towards total time on DOS of in-person E/M service

Telemedicine Office Visits

New Codes

- Reported for work involved with telemedicine (audio-visual and audio-only) office visits
- Structured like current office and other outpatient E/M codes
- Four levels depending on MDM or time
- Separate codes for new and established patients
- New virtual check-in code for evaluation of whether patient needs to be seen in person

Telemedicine Office Visits – New Patient Audio-video

CPT® Code	Description
98000	**Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination** and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
98001	. . . . . and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98002	. . . . . and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
98003	. . . . . and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417)

Telemedicine Office Visits – Established Patient Audio-Video

CPT® Code	Description
98004	**Synchronous audio-video visit for the evaluation and management of an established patient**, **which requires a medically appropriate history and/or examination** and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
98005	. . . . . and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
98006	. . . . . and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98007	. . . . . and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

Telemedicine Office Visits – New Patient Audio-Only

CPT® Code	Description
98008	**Synchronous audio-only visit for the evaluation and management of a new patient**, **which requires a medically appropriate history and/or examination,** straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
98009	. . . . . low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98010	. . . . . moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
98011	. . . . . high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded. (For services 75 minutes or longer, use prolonged services code 99417)

Telemedicine Office Visits – Established Patient Audio-Only

CPT® Code	Description
98012	**Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination**, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.
98013	. . . . . low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
98014	. . . . . moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
98015	. . . . . high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded. (For services 55 minutes or longer, use prolonged services code 99417)

Telemedicine Audio only – Guidelines

Audio only, Established patients 5-10 minutes

- Patient-initiated
- Intended to evaluate whether a more extensive visit type is required (eg. in-person office of other outpatient E/M)
- Video technology not required
- Report **98016** brief communication technology services (eg, virtual check-in)
- If audio check-in leads to an in-person E/M service on same DOS:

  ✓Check-in time + more extensive E/M = Total Time

Telemedicine Office Visits – Virtual Check-in

New virtual check-in code for established patients only

Evaluation of whether the patient needs to be seen in person

Similar to HCPCS code G2012 Brief communication technology-based virtual check-in

CPT® Code	Description
98016	Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an **established patient**, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion

Telemedicine Office Visit Documentation Requirements

What's Included

- Patient/family consent for telemedicine
- Platform that you are using for the service
- Where the patient and provider are located (determines numeric POS 02 or POS 10)
- Who else is in the room with the patient/provider (for privacy reasons)
- Start and stop times for the telemedicine encounter (does not define time basis for E/M selection)

Telemedicine Guidelines

Other things to consider

- Medicare not accepting new telehealth CPT codes except for 98016
- Medicare set to revert to pre-pandemic telehealth guidelines
  - e.g. Patient cannot be at home except for behavioral or ESRD services
  - Keep Monitoring Government bulletins until end of December

Other E/M Update: Female Exams

- Starting in 2024, there is a new CPT code to cover cost of performing female pelvic exams in clinic: 99459
  - Defined as pelvic examination (list in addition to code for primary procedure)
  - No wRVUs
  - Never reported alone, add on code to other E/M service
  - Payer specific coverage
  - Pelvic exam without a pap smear
  - Use with well checks OR problem visits (e.g. pelvic pain)
  - For actual Pap smears, use HCPCS Q0091 for the pap smear sample collection and conveyance

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Vaccine Update

Let’s Start with Vaccines: COVID Refresher

CPT	Long Description	Patient population
90480	**Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose**	**All-COVID ONLY**
91318 (Pfizer)	Severe acute respiratory coronavirus 2 (SARS-CoV-2-) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	6 months through 4 years
91319 (Pfizer)	Severe acute respiratory coronavirus 2 (SARS-CoV-2-) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	5 years through 11 years
91320 (Pfizer)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	12 years and older
91321 (Moderna)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use	6 months through 11 years
91322 (Moderna)	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use	12 years and older
91304	COVID-19 vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, PF, 5mcg/0.5 ml dosage, for intramuscular use	Age 13+

Catch up with Vaccines: Influenza

CPT	Long Description	Manufacturer and Names	Patient population
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 ml dosage, for intramuscular use	Fluzone prefilled (Sanofi)	6-35 months
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.50 ml dosage, for intramuscular use	Fluzone prefilled (Sanofi), Fluarix prefilled (GSK), Flulaval prefilled (GSK), Afluria prefilled (Seqirus)	6 months +
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 ml dosage, for intramuscular use	Fluzone Multidose (Sanofi), Afluria Multidose (Seqirus)	6-35 months
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.50 ml dosage, for intramuscular use	Fluzone Multidose (Sanofi), Afluria Multidose (Seqirus)	6 months +
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	Flumist (AstraZeneca)	2 years +
90661	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.50 ml dosage, for intramuscular use	Flucelvax prefilled or multidose (Seqirus)	6 months +
90672	Influenza vaccine, quadrivalent, live (LAIV4), for intranasal use	Flumist (AstraZeneca)	2 years +
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.50 ml dosage, for intramuscular use	Flucelvax Quadrivalent prefilled (Seqirus)	6 months +
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 ml dosage, for intramuscular use	Fluzone prefilled (Sanofi)	6-35 months
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.50 ml dosage, for intramuscular use	Fluzone prefilled (Sanofi), Fluarix prefilled (GSK), Flulaval prefilled (GSK), Afluria prefilled (Seqirus)	6 months +
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 ml dosage, for intramuscular use	Fluzone (Sanofi)	6-35 months
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.50 ml dosage, for intramuscular use	Afluria multidose (Seqirus), Flulaval multidose (GSK), Fluzone multidose (Sanofi)	6 months +
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.50 ml dosage, for intramuscular use	Flucelvax Quadrivalent (Seqirus)	6 months +

* Pending FDA Approval

Catch up with Vaccines: Influenza con't

CPT	Long Description	Manufacturer and Names	Patient population
90673	Influenza vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, 0.5 ml dosage, for intramuscular use	Flublok (Sanofi)	18 years+
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	Fluzone High Dose prefilled (Sanofi)	65 years+
90664	Influenza virus vaccine (LAIV), pandemic formulation, for intranasal use	Flumist (AstraZeneca)	2 years +
*90637	Influenza virus vaccine, quadrivalent (qIRV), mRNA, 30 mcg/0.5 ml dosage for intramuscular use	TBD	TBD
*90638	Influenza virus vaccine, quadrivalent (qIRV), mRNA, 60 mcg/0.5 ml dosage for intramuscular use	TBD	TBD
*90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	TBD	TBD
*90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	TBD	TBD
*90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	TBD	TBD
*90695	Influenza virus, vaccine, H5NB, derived from cell cultures, adjuvanted, for intramuscular use	TBD	TBD

* Pending FDA Approval, RED is new CPT Code for 2025

Injection Update: RSV

CPT	Long Description	Patient population
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use (Nirsevimab)	All ages
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use (Nirsevimab) ***use qty 2 for 200mg dose**	All ages
96380	Administration of RSV, monoclonal antibody, seasonal dose by intramuscular injection with counseling by physician or other qualified healthcare professional) (Use with 90380, 90381)	All ages
96381	Administration of RSV, monoclonal antibody, seasonal dose by intramuscular injection (Use with 90380, 90381)	All ages
99401	Preventative counseling and/or risk factor reduction intervention, separate procedure 15 min (administration did **NOT** take place)	All ages
G0312	Counseling on vaccination when the vaccine is **NOT** administered 5-15 min, alternate to 99401 by payer	All ages

- No CPT changes this year
- Most common ICD-10 for this is Z29.11 (Encounter for prophylactic immunotherapy for RSV), not Z23 (Encounter for vaccine)

Other Vaccine Updates: New CPT Codes

CPT	Long Description	Patient population
90684	Pneumococcal conjugate vaccine, **21 valent** (PCV21), for intramuscular use (PREVNAR 21)	All ages
*90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A,C,W,Y-diphtheria toxoid carrier, for intramuscular use	All ages

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Other E/M Topics from Practices

New vs. Established Patient Criteria

- A new patient is one who has not been seen in last three years by same group and same **subspecialty**.
- If physician joins new group, his/her patients are still established to the provider
- If patient seen in hospital first (e.g. provider is moonlighting), then first outpatient visit is established
- If group joins hospital or merges with another practices, patients do not become “new” again
- Two E/Ms on same day by same group only allowable with separate certification/boarding

- How to use G2211
  - Should be consistent in the practice (i.e. one provider doesn’t bill it ever and one bills all the time)

Reimbursement for Continuity of Care: CPT G2211

What is G2211?

- This CPT is to represent additional time and resources from a provider being the one continuously responsible for patient's healthcare needs.
- Should be consistent in the practice (i.e. one provider doesn't ever bill it and one bills all the time)
- NOT FOR EVERY VISIT: a self-limited problem should not need this code, more for serious or complex conditions

Well check screening tools

CPT 96127 for depression screening is per instrument, medically unlikely edit (MUE) is 3

CPT 96110 for developmental screening (e.g. autism) is per instrument, MUE is 3

Incident to criteria: General

- NPs, CNMs, CNSs, and PAs may enroll in, and get payment from us, for “incident to” services and supplies provided by auxiliary personnel that they supervise. Additionally, NPs, CNMs, CNSs, and PAs only have the option of providing services as auxiliary personnel incident to the professional services of a supervising physician or nonphysician practitioner. States cover and pay under the incident to provision, when services and supplies comply with applicable state law and meet all these requirements:
- Are an integral part of the patient’s normal treatment when the physician or other listed practitioner personally performed an initial service and remains actively involved in the course of treatment.
- Are commonly provided without charge or included in the physician’s or other listed practitioner’s bill.
- Are an expense to the physician or other listed practitioner.
- Are commonly provided in the physician’s or other listed practitioner’s office or clinic.
- Physician or other listed practitioner provides direct supervision for the “incident to” services, and only the physician or other listed practitioner who supervises the incident to services may bill them.

Incident-to: Anthem BCBS

The supervising provider must be physically present in the office suite and/or immediately available, when necessary via interactive communication to provide assistance and direction throughout the evaluation and management (E/M) visit or other rendered service • The supervising provider must stay involved and have an active part in the ongoing care of the member. • The supervising provider must document in the medical record that they reviewed the documentation for each service the NPP or auxiliary personnel was involved with.

Incident-to Billing Criteria: CMS

- NPs, CNMs, CNSs, and PAs may enroll in, and get payment from us, for “incident to” services and supplies provided by auxiliary personnel that they supervise. Additionally, NPs, CNMs, CNSs, and PAs only have the option of providing services as auxiliary personnel incident to the professional services of a supervising physician or nonphysician practitioner. States cover and pay under the incident to provision, when services and supplies comply with applicable state law and meet all these requirements:
- Are an integral part of the patient’s normal treatment when the physician or other listed practitioner personally performed an initial service and remains actively involved in the course of treatment.
- Are commonly provided without charge or included in the physician’s or other listed practitioner’s bill.
- Are an expense to the physician or other listed practitioner.
- Are commonly provided in the physician’s or other listed practitioner’s office or clinic.
- Physician or other listed practitioner provides direct supervision for the “incident to” services, and only the physician or other listed practitioner who supervises the incident to services may bill them.

Incident-to Billing Criteria: GA Medicaid

- Certified Pediatric, OB\GYN and Family Nurse Practitioners, and CRNAs are eligible for Georgia Medicaid enrollment. Licensed physical, occupational, and speech pathology therapists are eligible for enrollment to provide services to members less than twenty-one years of age. Services provided by practitioners eligible for enrollment cannot be billed by the physician. Physicians cannot be reimbursed for services provided by physician extenders except for their enrolled physician's assistants.

- The services provided are "incident to" services performed under the direct supervision of the physician as an adjunct to the physician's personal service.

- The services are of the kinds that are commonly rendered in the medical setting.

- The services are not traditionally reserved to physicians. Services traditionally reserved to physicians include but are not limited to hospital, office, home, or nursing home visits; prescribing of medication; psychotherapy; and surgery.

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2025 ICD-10-CM Updates

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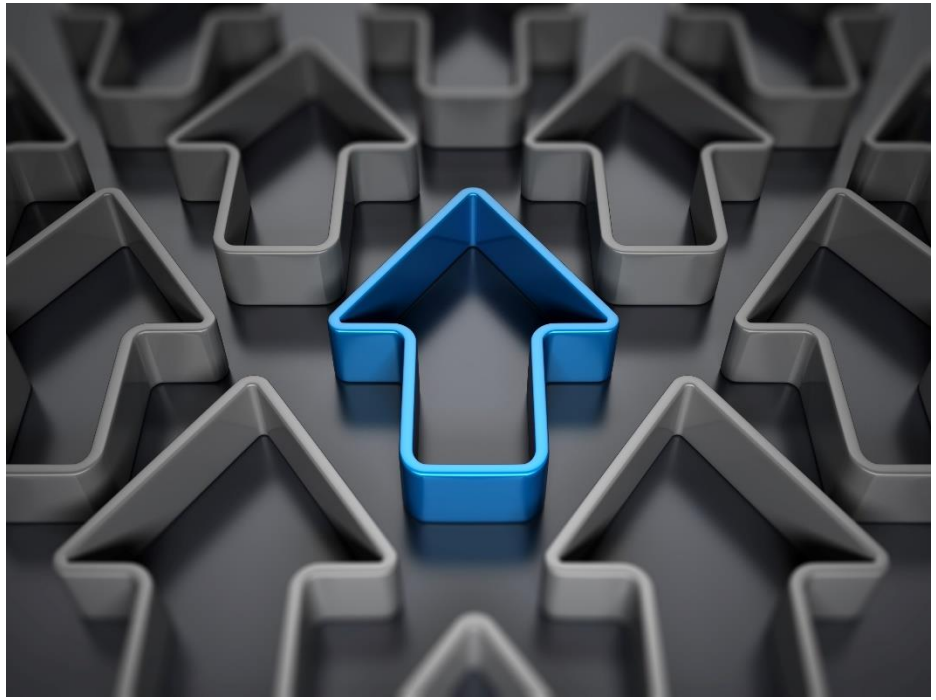
Coding Conventions Review



Conventions – Inclusion Terms

ICD-10-CM Official Guidelines for Coding and Reporting FY 2025

Section I.A.11.

Inclusion terms

List of terms is included under some codes. These terms are the conditions for which that code is to be used. The terms may be synonyms of the code title, or, in the case of "other specified" codes, the terms are a list of the various conditions assigned to that code. The inclusion terms are not necessarily exhaustive. Additional terms found only in the Alphabetic Index may also be assigned to a code.

Layman's Terms

If the patient has a documented condition that is listed as an "Inclusion Term", the code the Inclusion Term is under may be assigned.

Inclusion Terms - Example

F45.8 Other somatoform disorders

- Psychogenic dysmenorrhea
- Psychogenic dysphagia, including 'globus hystericus'
- Psychogenic pruritus
- Psychogenic torticollis
- Somatoform autonomic dysfunction
- Teeth grinding

Inclusion Terms

Layman's Terms

- F45.8 may be assigned for any condition listed as an inclusion term.
- The patient does not have to have all conditions for F45.8 to be reported.

Conventions – “Code Also”

ICD-10-CM Official Guidelines for Coding and Reporting FY 2025

Section I.A.17.

“Code also” note

A “code also” note instructs that two codes may be required to fully describe a condition, but this note does not provide sequencing direction. The sequencing depends on the circumstances of the encounter.

Layman’s Terms

- Codes under the “Code Also” note may also be assigned, if documented in the medical record
- Coder must determine sequencing

Conventions – “Code First”

ICD-10-CM Official Guidelines for Coding and Reporting FY 2025

Section I.B.7.

“Code first” notes are also under certain codes that are not specifically manifestation codes but may be due to an underlying cause. When there is a “code first” note and an underlying condition is present, the underlying condition should be sequenced first, if known.

Layman’s Terms

The code listed after a “Code First” note should be assigned as a first-listed diagnosis, if documented in the medical record

Conventions – Excludes1

ICD-10-CM Official Guidelines for Coding and Reporting FY 2025

Section I.A.12.a.

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.

Layman's Terms

Excludes1 = Code 1

Excludes1 - Exceptions

ICD-10-CM Official Guidelines for Coding and Reporting FY 2025

Section I.A.12.a.

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.

Excludes1 - Exceptions

F45.8 Other somatoform disorders

Psychogenic dysmenorrhea → Unrelated Condition (Uterine Pain)

Psychogenic dysphagia, including 'globus hystericus'

Psychogenic pruritus

Psychogenic torticollis

Somatoform autonomic dysfunction

Teeth grinding → Related Conditions

Excludes1: sleep related teeth grinding (G47.63) → Related Conditions

Layman's Terms

- Uterine pain is unrelated to teeth grinding
- Both F45.8 and G47.63 can be reported

Conventions – Excludes2

ICD-10-CM Official Guidelines for Coding and Reporting FY 2025

Section I.A.12.b.

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.

Layman's Terms

Excludes2 = Code 2

Excludes2 - Example

I26 Pulmonary embolism

Unrelated Conditions

Excludes2

chronic pulmonary embolism (I27.82)
personal history of pulmonary embolism (Z86.711)
pulmonary embolism complicating abortion, ectopic or molar pregnancy (O00-O07, O08.2)
pulmonary embolism complicating pregnancy, childbirth and the puerperium (O88.-)
pulmonary embolism due to trauma (T79.0, T79.1)
pulmonary embolism due to complications of surgical and medical care (T80.0, T81.7-, T82.8-)
septic (non-pulmonary) arterial embolism (I76)

Layman's Terms

All Excludes2 codes listed under 3-digit category code I26 can be reported with all codes beginning with I26, if documented in the medical record.

Conventions – Use Additional Code

ICD-10-CM Official Guidelines for Coding and Reporting FY 2025

Section I.B.7.

Multiple coding for a single condition

In addition to the etiology/manifestation convention that requires two codes to fully describe a single condition that affects multiple body systems, there are other single conditions that also require more than one code. "Use additional code" notes are found in the Tabular List at codes that are not part of an etiology/manifestation pair where a secondary code is useful to fully describe a condition. The sequencing rule is the same as the etiology/manifestation pair, "use additional code" indicates that a secondary code should be added, if known.

Layman's Terms

If the patient has a documented condition that is listed after a "Use Additional Code" note, it should be assigned as a secondary diagnosis.

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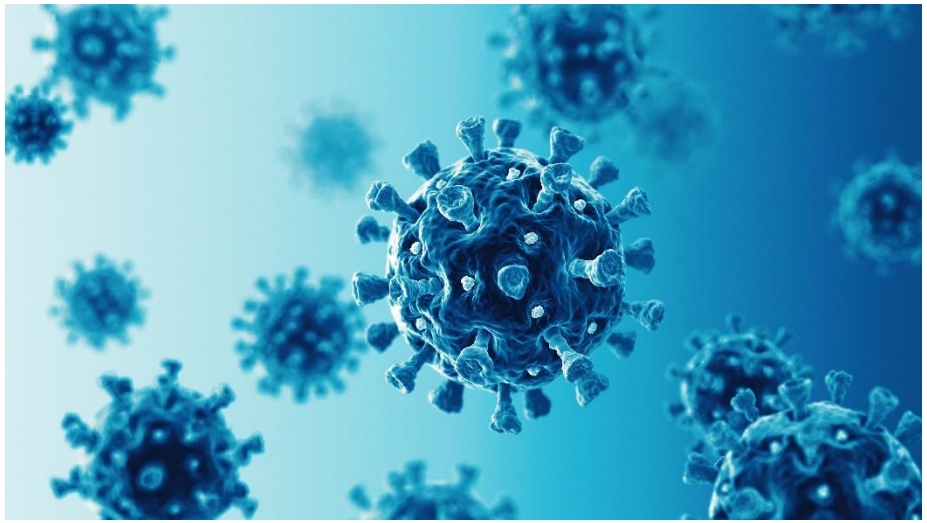
Guidelines

Chapter 1
Certain Infectious and Parasitic Diseases
A00 – B99



Chapter 1 (A00 – B99)

A04 Other bacterial intestinal infections	
Add	A04.7 Enterocolitis due to Clostridium difficile **Clostridioides difficile colitis**

3 minor spelling revisions	
Revise	A18.4 Tuberculosis of skin and subcutaneous tissue Lupus ex~~c~~eedens
	A50.45 Juvenile general paresis Juvenile tab~~et~~oparetic neurosyphilis
	A77.41 Ehrlichiosis chafeensis [E. chaf**f**eensis]

Chapter 2
Neoplasms
C00 – D49

Chapter 2 (C00 – D49)

C50 Malignant Neoplasm of Breast	
Revise	Use Additional code to identify estrogen**, and other hormones and factors** receptor status ~~**(Z17.0, Z17.1)**~~ **(Z17.-)**

Coming up:

- 59 new codes further defining lymphomas as
  - "in remission" or
  - "not having achieved remission"
- Numerous inclusion terms under new codes are NOT included in this presentation
- Recommended that coders review inclusion terms in their 2025 ICD-10-CM codebooks

Chapter 2 (C00 – D49)

33 new codes

Lymphoma in remission

- C81 Hodgkin Lymphoma
- C82 Follicular Lymphoma
- C83 Non-follicular Lymphoma
- C84 Mature T/NK-cell lymphomas
- C85 Other specified and unspecified types of non-Hodgkin lymphoma

C81 Hodgkin Lymphoma

7 new codes indicating lymphoma in remission	
Add	C81.0 Nodular lymphocyte predominant Hodgkin lymphoma **C81.0A Nodular lymphocyte predominant Hodgkin lymphoma, in remission**
	C81.1 Nodular sclerosis Hodgkin lymphoma **C81.1A Nodular sclerosis Hodgkin lymphoma, in remission**
	C81.2 Mixed cellularity Hodgkin lymphoma **C81.2A Mixed cellularity Hodgkin lymphoma, in remission**
	C81.3 Lymphocyte depleted Hodgkin lymphoma **C81.3A Lymphocyte depleted Hodgkin lymphoma, in remission**
	C81.4 Lymphocyte-rich Hodgkin lymphoma **C81.4A Lymphocyte-rich Hodgkin lymphoma, in remission**
	C81.7 Other Hodgkin lymphoma **C81.7A Other Hodgkin lymphoma, in remission**
	C81.9 Hodgkin lymphoma, unspecified **C81.9A Hodgkin lymphoma, unspecified, in remission**

C82 Follicular Lymphoma

8 new codes indicating lymphoma in remission	
Add	C82.0 Follicular lymphoma grade I **C82.0A Follicular lymphoma grade I, in remission**
	C82.1 Follicular lymphoma grade II **C82.1A Follicular lymphoma grade II, in remission**
	C82.3 Follicular lymphoma grade IIIa **C82.3A Follicular lymphoma grade IIIa, in remission**
	C82.4 Follicular lymphoma grade IIIb **C82.4A Follicular lymphoma grade IIIb, in remission**
	C82.5 Diffuse follicle center lymphoma **C82.5A Diffuse follicle center lymphoma, in remission**
	C82.6 Cutaneous follicle center lymphoma **C82.6A Cutaneous follicle center lymphoma, in remission**
	C82.8 Other types of follicular lymphoma **C82.8A Other types of follicular lymphoma, in remission**
	C82.9 Follicular lymphoma, unspecified **C82.9A Follicular lymphoma, unspecified, in remission**

C83 Non-follicular lymphoma

7 new codes indicating lymphoma in remission	
Add	C83.0 Small cell B-cell lymphoma **C83.0A Small cell B-cell lymphoma, in remission**
	C83.1 Mantle cell lymphoma **C83.1A Mantle cell lymphoma, in remission**
	C83.3 Diffuse large B-cell lymphoma **C83.3A Diffuse large B-cell lymphoma, in remission**
	C83.5 Lymphoblastic (diffuse) lymphoma **C83.5A Lymphoblastic (diffuse) lymphoma, in remission**
	C83.7 Burkitt lymphoma **C83.7A Burkitt lymphoma, in remission**
	C83.8 Other non-follicular lymphoma **C83.8A Other non-follicular lymphoma, in remission**
	C83.9 Non-follicular (diffuse) lymphoma, unspecified **C83.9A Non-follicular (diffuse) lymphoma, unspecified, in remission**

C84 Mature T/NK-cell lymphomas

8 new codes indicating lymphoma in remission	
Add	C84.0 Mycosis fungoides **C84.0A Mycosis fungoides, in remission**
	C84.1 Sézary disease **C84.1A Sézary disease, in remission**
	C84.4 Peripheral T-cell lymphoma, not elsewhere classified **C84.4A Peripheral T-cell lymphoma, not elsewhere classified, in remission**
	C84.6 Anaplastic large cell lymphoma, ALK-positive **C84.6A Anaplastic large cell lymphoma, ALK-positive, in remission**
	C84.7 Anaplastic large cell lymphoma, ALK-negative **C84.7B Anaplastic large cell lymphoma, ALK-negative, in remission**
	C84.A Cutaneous T-cell lymphoma, unspecified **C84.AA Cutaneous T-cell lymphoma, unspecified, in remission**
	C84.Z Other mature T/NK-cell lymphomas **C84.ZA Other mature T/NK-cell lymphomas, in remission**
	C84.9 Mature T/NK-cell lymphomas, unspecified **C84.9A Mature T/NK-cell lymphomas, unspecified, in remission**

C85 Other specified and unspecified types of non-Hodgkin lymphoma

4 new codes indicating lymphoma in remission	
Add	C85.1 Unspecified B-cell lymphoma **C85.1A Unspecified B-cell lymphoma, in remission**
	C85.2 Mediastinal (thymic) large B-cell lymphoma **C85.2A Mediastinal (thymic) large B-cell lymphoma, in remission**
	C85.8 Other specified types of non-Hodgkin lymphoma **C85.8A Other specified types of non-Hodgkin lymphoma, in remission**
	C85.9 Non-Hodgkin lymphoma, unspecified **C85.9A Non-Hodgkin lymphoma, unspecified, in remission**

Chapter 2 (C00 – D49)

26 new codes

Lymphoma in remission

or

Not having achieved remission

C86 Extranodal NK/T-cell lymphoma, nasal type

C88 Malignant immunoproliferative diseases and certain other B-cell lymphomas

C86 Other specified types of T/NK-cell lymphoma

14 new codes indicating lymphoma in remission or not having achieved remission	
Add	C86.0 Extranodal NK/T-cell lymphoma, nasal type **C86.00 Extranodal NK/T-cell lymphoma, nasal type not having achieved remission** **C86.01 Extranodal NK/T-cell lymphoma, nasal type, in remission**
	C86.1 Hepatosplenic T-cell lymphoma **C86.10 Hepatosplenic T-cell lymphoma not having achieved remission** **C86.11 Hepatosplenic T-cell lymphoma, in remission**
	C86.2 Enteropathy-type (intestinal) T-cell lymphoma **C86.20 Enteropathy-type (intestinal) T-cell lymphoma not having achieved remission** **C86.21 Enteropathy-type (intestinal) T-cell lymphoma, in remission**
	C86.3 Subcutaneous panniculitis-like T-cell lymphoma **C86.30 Subcutaneous panniculitis-like T-cell lymphoma not having achieved remission** **C86.31 Subcutaneous panniculitis-like T-cell lymphoma, in remission**

C86 Other specified types of T/NK-cell lymphoma

14 new codes indicating lymphoma in remission or not having achieved remission	
Add	C86.4 Blastic NK-cell lymphoma **C86.40 Blastic NK-cell lymphoma not having achieved remission** **C86.41 Blastic NK-cell lymphoma, in remission**
	C86.5 Angioimmunoblastic T-cell lymphoma **C86.50 Angioimmunoblastic T-cell lymphoma not having achieved remission** **C86.51 Angioimmunoblastic T-cell lymphoma, in remission**
	C86.6 Primary cutaneous CD30-positive T-cell proliferations **C86.60 Primary cutaneous CD30-positive T-cell proliferations not having achieved remission** **C86.61 Primary cutaneous CD30-positive T-cell proliferations, in remission**

C88 Malignant immunoproliferative diseases and certain other B-cell lymphomas

12 new codes indicating lymphoma in remission or not having achieved remission	
Add	C88.0 Waldenström macroglobulinemia **C88.00 Waldenström macroglobulinemia not having achieved remission** **C88.01 Waldenström macroglobulinemia, in remission**
	C88.2 Heavy chain disease **C88.20 Heavy chain disease not having achieved remission** **C88.21 Heavy chain disease, in remission**
	C88.3 Immunoproliferative small intestinal disease **C88.30 Immunoproliferative small intestinal disease not having achieved remission** **C88.31 Immunoproliferative small intestinal disease, in remission**

C88 Malignant immunoproliferative diseases and certain other B-cell lymphomas

12 new codes indicating lymphoma in remission or not having achieved remission	
Add	C88.4 Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT- lymphoma] **C88.40 . . . . . not having achieved remission** **C88.41 . . . . . in remission**
	C88.8 Other malignant immunoproliferative diseases **C88.80 Other malignant immunoproliferative diseases not having achieved remission** **C88.81 Other malignant immunoproliferative diseases, in remission**
	C88.9 Malignant immunoproliferative disease, unspecified **C88.90 Malignant immunoproliferative disease, unspecified not having achieved remission** **C88.91 Malignant immunoproliferative disease, unspecified, in remission**

C83.3 Diffuse large B-cell lymphoma

2 new lymphoma codes	
Delete	C83.3 Diffuse large B-cell lymphoma ~~**Diffuse large B-cell lymphoma, subtype not specified**~~
Add	**C83.390 Primary central nervous system lymphoma** **PCNSL of brain** **PCNSL of meninges** **PCNSL of spinal cord** **PCNSL NOS** **Excludes1: Primary central nervous system lymphoma, Burkitt (C83.79)** **Primary central nervous system lymphoma, lymphoblastic (C83.59)** **Primary central nervous system lymphoma, other (C83.89)** **Primary central nervous system lymphoma, peripheral T-cell(C84.49)**
	C83.398 Diffuse large B-cell lymphoma of other extranodal and solid organ sites

Lymphoma Coding Example

A 34-year-old male is diagnosed with hepatosplenic T-cell lymphoma.

Alphabetic Index:

- Main Term: Lymphoma
- Subterm: hepatosplenic T-cell C86.1

Tabular List:

2024
C86.1

2025
C86.10

C86.1 Hepatosplenic T-cell lymphoma

C86.10 Hepatosplenic T-cell lymphoma not having achieved remission

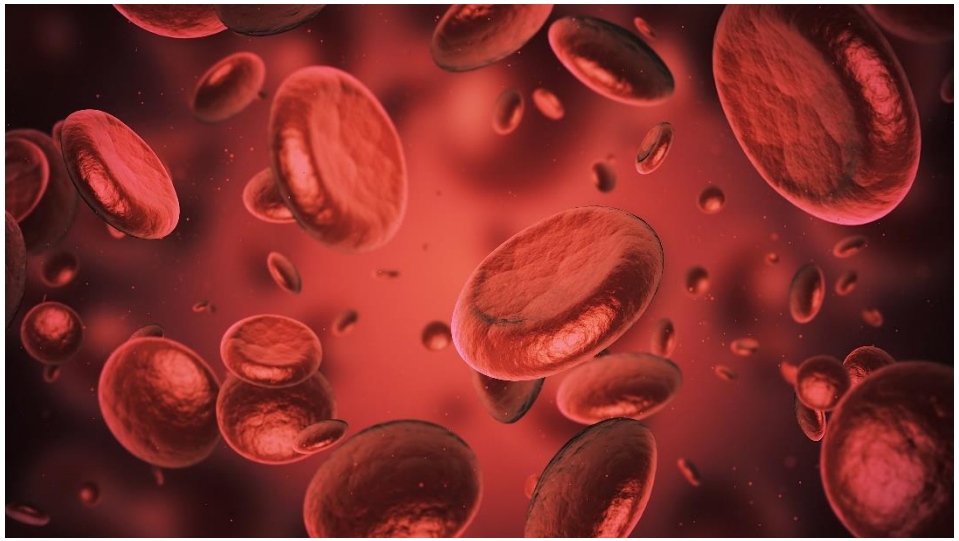
C86.11 Hepatosplenic T-cell lymphoma, in remission

Rationale: *There is no indication of remission documented in the medical record. Coding to the highest level of specificity, C86.10 is assigned.*

Chapter 3

Diseases of the Blood and Blood-forming Organs and Certain Disorders involving the Immune Mechanism

D50 – D89



Chapter 3 (D50 – D89)

D61.0 Constitutional aplastic anemia	
Delete	D61.09 Other constitutional aplastic anemia ~~**Fanconi's anemia**~~
Add	**D61.03 Fanconi anemia** **Fanconi pancytopenia** **Fanconi's anemia** **Excludes1: Fanconi syndrome (E72.0-)**

D89.8 Other specified disorders involving the immune mechanism, not elsewhere classified	
Add	D89.83 Cytokine release syndrome **Use Additional code for adverse effect, if applicable, to identify immune checkpoint inhibitors and immunostimulant drugs (T45.AX5)**

Chapter 4

Endocrine, Nutritional and Metabolic Diseases

E00 – E89

Image courtesy of istockphoto.com

Chapter 4 (E00 – E89)
Use Additional code

Use Additional code for E08 – E09, E11, E13	
Add	• E08 Diabetes mellitus due to underlying condition • E09 Drug or chemical induced diabetes mellitus • E11 Type 2 diabetes mellitus • E13 Other specified diabetes mellitus **Use Additional injectable non-insulin antidiabetic drugs (Z79.85)**

Chapter 4 (E00 – E89)
Use Additional code

Use Additional code for E08.64 – E11.54, E13.64, E15.1 – E16.2	
Add	• E08.64 Diabetes mellitus due to underlying condition with hypoglycemia • E09.64 Drug or chemical induced diabetes mellitus with hypoglycemia • E10.64 Type 1 diabetes mellitus with hypoglycemia • E11.64 Type 2 diabetes mellitus with hypoglycemia • E13.64 Other specified diabetes mellitus with hypoglycemia • E16.1 Other hypoglycemia • E16.2 Hypoglycemia, unspecified **Use Additional code for hypoglycemia level, if applicable (E16.A-)**

E10 Type 1 diabetes mellitus

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

New Guideline Section I.C.4.i.1.a.

E10.A- *Type 1 diabetes mellitus, presymptomatic* is assigned for early-stage type 1 diabetes that predates the onset of symptoms

E16 Other disorders of pancreatic internal secretion

3 new codes indicating hypoglycemia level under E16	
Add	E16.A Hypoglycemia level
	E16.A1 Hypoglycemia level 1 Decreased blood glucose level 1
	E16.A2 Hypoglycemia level 2 Decreased blood glucose level 2
	E16.A3 Hypoglycemia level 3 Decreased blood glucose level 3

E34 Other endocrine disorders

E34.0 Carcinoid syndrome 3 new codes indicating type of carcinoid syndrome	
Add	**Code also** the underlying disorder, such as: primary neuroendocrine tumors (C7A.-) secondary neuroendocrine tumors (C7B.-)
	E34.00 Carcinoid syndrome, unspecified Carcinoid disease, unspecified
	E34.01 Carcinoid heart syndrome Carcinoid heart disease Hedinger syndrome
	E34.09 Other carcinoid syndrome Carcinoid disease NEC Carcinoid syndrome NEC Other carcinoid disease

E66 Overweight and obesity

Revisions, Deletions, and Additions for E66	
Revise	Use additional code to identify body mass index (BMI), if known**, for adults** (Z68.- **Z68.45**) **or pediatrics (Z68.5-)**
Delete	~~**Excludes1: adiposogenital dystrophy (E23.6)**~~ ~~**lipomatosis NOS (E88.2)**~~ ~~**lipomatosis dolorosa [Dercum] (E88.2)**~~ ~~**Prader-Willi syndrome (Q87.11)**~~
Add	**Excludes2: adiposogenital dystrophy (E23.6)** **lipomatosis dolorosa [Dercum] (E88.2)** **lipomatosis NOS (E88.2)** **Prader-Willi syndrome (Q87.11)**

Chapter 5

Mental, Behavioral and Neurodevelopmental Disorders F01 – F99

F50.01 Anorexia nervosa, restricting type

6 new codes further identifying severity of anorexia nervosa	
Add	F50.010 Anorexia nervosa, restricting type, mild Anorexia nervosa, restricting type, with a body mass index greater than or equal to 17 kg/m2
	F50.011 Anorexia nervosa, restricting type, moderate Anorexia nervosa, restricting type, with a body mass index of 16.0-16.99 kg/m2
	F50.012 Anorexia nervosa, restricting type, severe Anorexia nervosa, restricting type, with a body mass index of 15.0-15.99 kg/m2
	F50.013 Anorexia nervosa, restricting type, extreme Anorexia nervosa, restricting type, with a body mass index of less than 15.0 kg/m2
	F50.014 Anorexia nervosa, restricting type, in remission Anorexia nervosa, restricting type, in full remission Anorexia nervosa, restricting type, in partial remission
	F50.019 Anorexia nervosa, restricting type, unspecified

F50.02 Anorexia nervosa, binge eating/purging type

6 new codes further identifying severity of anorexia nervosa, binge eating

Add	**F50.020 Anorexia nervosa, binge eating/purging type, mild** **Anorexia nervosa, binge eating/purging type, with a body mass index greater than or equal to 17 kg/m2**
	F50.021 Anorexia nervosa, binge eating/purging type, moderate **Anorexia nervosa, binge eating/purging type, with a body mass index of 16.0-16.99 kg/m2**
	F50.022 Anorexia nervosa, binge eating/purging type, severe **Anorexia nervosa, binge eating/purging type, with a body mass index of 15.0-15.99 kg/m2**
	F50.023 Anorexia nervosa, binge eating/purging type, extreme **Anorexia nervosa, binge eating/purging type, with a body mass index of less than 15.0 kg/m2**
	F50.024 Anorexia nervosa, binge eating/purging type, in remission **Anorexia nervosa, binge eating/purging type, in full remission** **Anorexia nervosa, binge eating/purging type, in partial remission**
	F50.029 Anorexia nervosa, binge eating/purging type, unspecified

F50.2 Bulimia nervosa

6 new codes further identifying severity of bulimia nervosa	
Add	**F50.20 Bulimia nervosa, unspecified**
	F50.21 Bulimia nervosa, mild Bulimia nervosa with 1-3 episodes of inappropriate compensatory behavior per week
	F50.22 Bulimia nervosa, moderate Bulimia nervosa with 4-7 episodes of inappropriate compensatory behavior per week
	F50.23 Bulimia nervosa, severe Bulimia nervosa with 8-13 episodes of inappropriate compensatory behavior per week
	F50.24 Bulimia nervosa, extreme Bulimia nervosa with 14 or more episodes of inappropriate compensatory behavior per week
	F50.25 Bulimia nervosa, in remission Bulimia nervosa, in full remission Bulimia nervosa, in partial remission

F50.8 Other eating disorders

Deletions, Additions for F50.8	
Delete	F50.89 Other specified eating disorder ~~**Pica in adults**~~
Add	**F50.83 Pica in adults** **Pica in adults, in remission** **Excludes1: pica in infancy and childhood (F98.3)**
	F50.84 Rumination disorder in adults **Rumination disorder in adults, in remission** **Excludes1: rumination disorder in infancy and childhood (F98.21)**

F50.81 Binge eating disorder

6 new codes further identifying severity of binge eating disorder	
Add	**F50.810 Binge eating disorder, mild** Binge eating disorder with 1-3 binge eating episodes per week
	F50.811 Binge eating disorder, moderate Binge eating disorder with 4-7 binge eating episodes per week
	F50.812 Binge eating disorder, severe Binge eating disorder with 8-13 binge eating episodes per week
	F50.813 Binge eating disorder, extreme Binge eating disorder with 14 or more eating episodes per week
	F50.814 Binge eating disorder, in remission Binge eating disorder, in full remission Binge eating disorder, in partial remission
	F50.819 Binge eating disorder, unspecified

Bulimia Coding Example

A 15-year-old female is diagnosed with bulimia. The physician documents the patient states she purges 10 times per week.

Alphabetic Index:

– Main Term: Bulimia (nervosa) F50.2

Tabular List:

F50.2 Bulimia nervosa

2024
F50.2

F50.20 Bulimia nervosa, unspecified
F50.21 Bulimia nervosa, mild
Bulimia nervosa with 1-3 episodes of inappropriate compensatory behavior per week
F50.22 Bulimia nervosa, moderate
Bulimia nervosa with 4-7 episodes of inappropriate compensatory behavior per week
F50.23 Bulimia nervosa, severe
Bulimia nervosa with 8-13 episodes of inappropriate compensatory behavior per week

2025
F50.23

F50.24 Bulimia nervosa, extreme
Bulimia nervosa with 14 or more episodes of inappropriate compensatory behavior per week
F50.25 Bulimia nervosa, in remission
Bulimia nervosa, in full remission
Bulimia nervosa, in partial remission

Rationale: *There is documentation of 10 episodes per week in the medical record. An inclusion term under F50.23 states 8-13 episodes per week. Therefore, F50.23 Bulimia nervosa, severe is the most appropriate code for this encounter.*

Chapter 6

Diseases of the Nervous System

G00 – G99

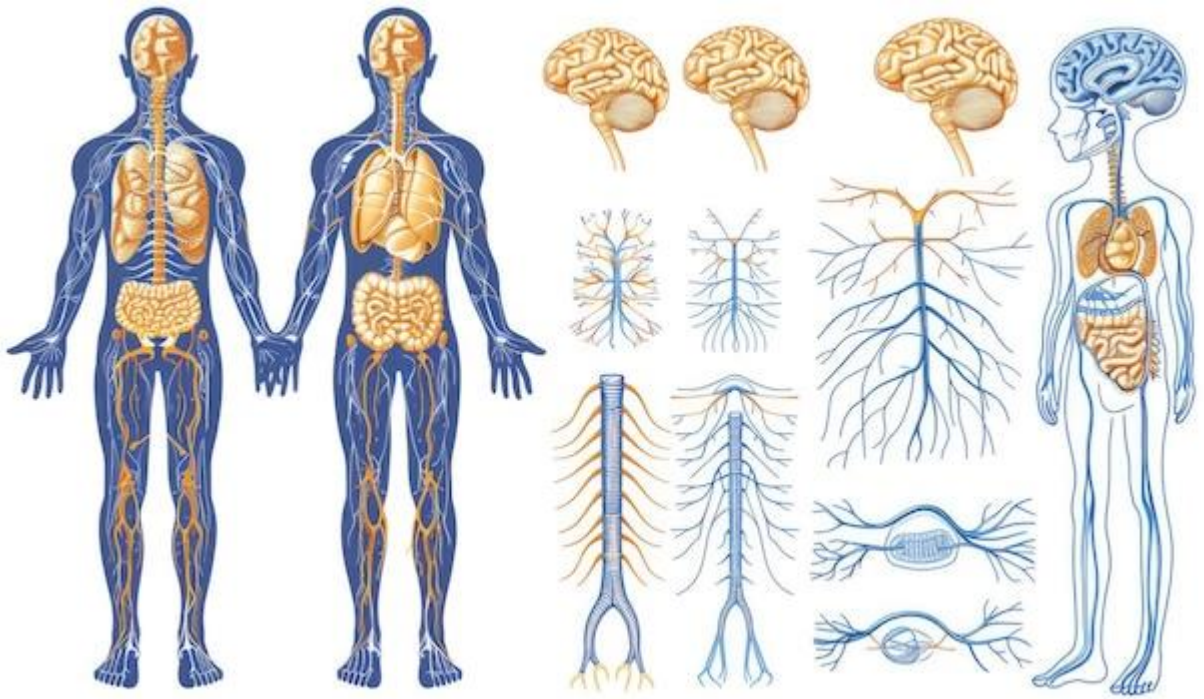


Image courtesy of istockphoto.com

G40.8 Other epilepsy and recurrent seizures

5 new codes identifying type and status of epilepsy	
Add	G40.84 KCNQ2-related epilepsy
	G40.841 KCNQ2-related epilepsy, not intractable, with status epilepticus
	G40.842 KCNQ2-related epilepsy, not intractable, without status epilepticus KCNQ2-related epilepsy NOS
	G40.843 KCNQ2-related epilepsy, intractable, with status epilepticus
	G40.844 KCNQ2-related epilepsy, intractable, without status epilepticus

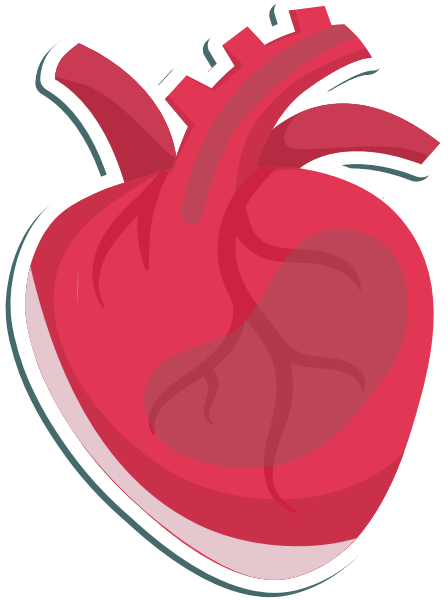
G93 Other disorders of brain

G93.4 Other and unspecified encephalopathy	
Add	G93.45 Developmental and epileptic encephalopathy Early infantile epileptic encephalopathy
	Code also, if applicable, associated disorders such as: developmental disorders of scholastic skills (F81.-) developmental disorder of speech and language (F80.-) epilepsy, by specific type (G40.-) intellectual disabilities (F70-F79) other neurodevelopmental disorder (F88) pervasive developmental disorders (F84.-)

Chapter 9

Diseases of the Circulatory System

I00 – I99



I35 Nonrheumatic aortic valve disorders

Excludes1 → Excludes2, Code also for I35	
Revise	~~Excludes1~~: aortic valve disorder of unspecified cause but with diseases of mitral Excludes2: and/or tricuspid valve(s) (I08.-) aortic valve disorder specified as congenital (Q23.0, Q23.1) aortic valve disorder specified as rheumatic (I06.-) hypertrophic subaortic stenosis (I42.1)
Add	**Code also, if applicable, bicuspid aortic valve (Q23.81)**

Chapter 10
Diseases of the Respiratory System
J00 – J99

Image courtesy of freepik.com

J18 Pneumonia, unspecified organism

Excludes1 → Excludes2, Code also for J18	
Revise	~~Excludes1:~~ abscess of lung with pneumonia (J85.1) Excludes2: aspiration pneumonia due to anesthesia during labor and delivery (O74.0) aspiration pneumonia due to anesthesia during pregnancy (O29) aspiration pneumonia due to anesthesia during puerperium (O89.0) aspiration pneumonia due to solids and liquids (J69.-) aspiration pneumonia NOS (J69.0) lipid pneumonia (J69.1) pneumonitis due to external agents (J67-J70)
Add	**Code also, if applicable, any associated condition such as:** **aspiration pneumonia (J69.-)**

J34.8 Other specified disorders of nose and nasal sinuses

10 new codes identifying nasal collapse	
Add	J34.82 Nasal valve collapse J34.820 Internal nasal valve collapse J34.8200 Internal nasal valve collapse, unspecified J34.8201 Internal nasal valve collapse, static J34.8202 Internal nasal valve collapse, dynamic
	J34.821 External nasal valve collapse J34.8210 External nasal valve collapse, unspecified J34.8211 External nasal valve collapse, static J34.8212 External nasal valve collapse, dynamic
	J34.829 Nasal valve collapse, unspecified

Chapter 11

Diseases of the Digestive System

K00 – K95

Image courtesy of freepik.com

Chapter 11 (K00 – K95)
Use Additional code

K50 and K51, Use Additional code	
Add	• K50 Crohn's disease [regional enteritis] • K51 Ulcerative colitis **Use Additional code to identify any associated fistulas, if applicable:** **anal fistula (K60.3-)** **anorectal fistula (K60.5-)** **rectal fistula (K60.4-)**

K60.3-, K60.4-, K60.5- Fistulas

33 new codes

identify type of fistula

- Anal, Rectal, Anorectal
- Initial, Persistent, Recurrent
- Unspecified

K60.3 Anal Fistula

11 new codes identify type of fistula	
Add	K60.30 Anal fistula, unspecified
	K60.31 Anal fistula, simple K60.311 Anal fistula, simple, initial K60.312 Anal fistula, simple, persistent K60.313 Anal fistula, simple, recurrent K60.319 Anal fistula, simple, unspecified
	K60.32 Anal fistula, complex K60.321 Anal fistula, complex, initial K60.322 Anal fistula, complex, persistent K60.323 Anal fistula, complex, recurrent K60.329 Anal fistula, complex, unspecified

K60.4 Rectal Fistula

11 new codes identify type of fistula	
Add	K60.40 Rectal fistula, unspecified
	K60.41 Rectal fistula, simple K60.411 Rectal fistula, simple, initial K60.412 Rectal fistula, simple, persistent K60.413 Rectal fistula, simple, recurrent K60.419 Rectal fistula, simple, unspecified
	K60.42 Rectal fistula, complex K60.421 Rectal fistula, complex, initial K60.422 Rectal fistula, complex, persistent K60.423 Rectal fistula, complex, recurrent K60.429 Rectal fistula, complex, unspecified

K60.5 Anorectal Fistula

11 new codes identify type of fistula	
Add	K60.50 Anorectal fistula, unspecified
	K60.51 Anorectal fistula, simple K60.511 Anorectal fistula, simple, initial K60.512 Anorectal fistula, simple, persistent K60.513 Anorectal fistula, simple, recurrent K60.519 Anorectal fistula, simple, unspecified
	K60.52 Anorectal fistula, complex K60.521 Anorectal fistula, complex, initial K60.522 Anorectal fistula, complex, persistent K60.523 Anorectal fistula, complex, recurrent K60.529 Anorectal fistula, complex, unspecified

Rectal Fistula - Coding Example

A 45-year-old male is diagnosed with a recurrent rectal fistula involving 40% of the external anal sphincter with multiple tracts.

Alphabetic Index:

– Main Term: Fistula

– Subterm: rectum (to skin) K60.4

2024
K60.4

Tabular Index:

K60.4 Rectal Fistula

K60.42 Rectal fistula, complex

K60.421 Rectal fistula, complex, initial

K60.422 Rectal fistula, complex, persistent

K60.423 Rectal fistula, complex, recurrent

K60.429 Rectal fistula, complex, unspecified

2025
K60.423

Rationale: *Indications of a complex fistula are fistulas that involve more than 30% of the anal sphincter with multiple tracts. Coders should be aware that complex fistulas may be associated with other conditions, such as Crohn's disease, radiation treatment, or strictures.*

Chapter 12
Diseases of the Skin and Subcutaneous Tissue
L00 – L99

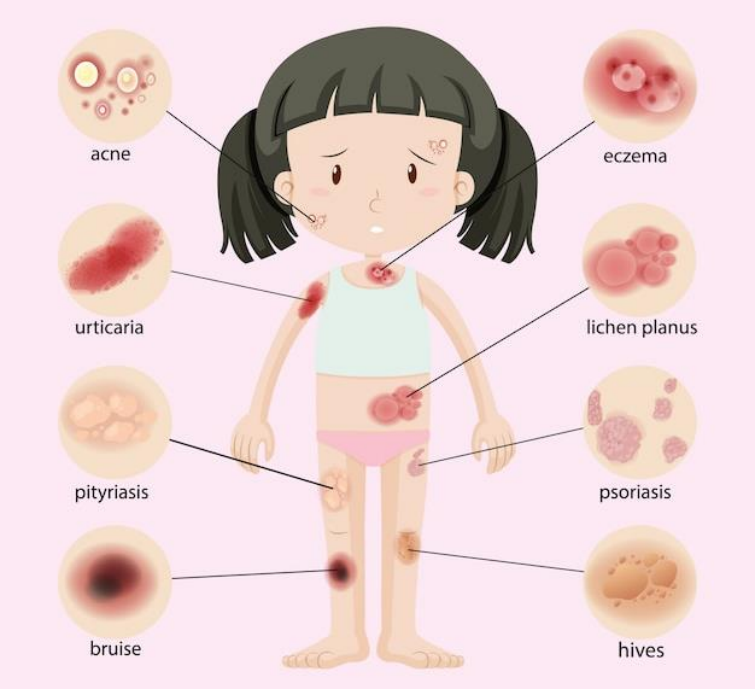


Image courtesy of freepik.com

L29 Pruritis

L29.8 Other pruritis	
Add	L29.81 Cholestatic pruritus Code also, if applicable, type of liver disease Use Additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5) L29.89 Other pruritus

Chapter 13

Diseases of the Musculoskeletal System and Connective Tissue M00 – M99

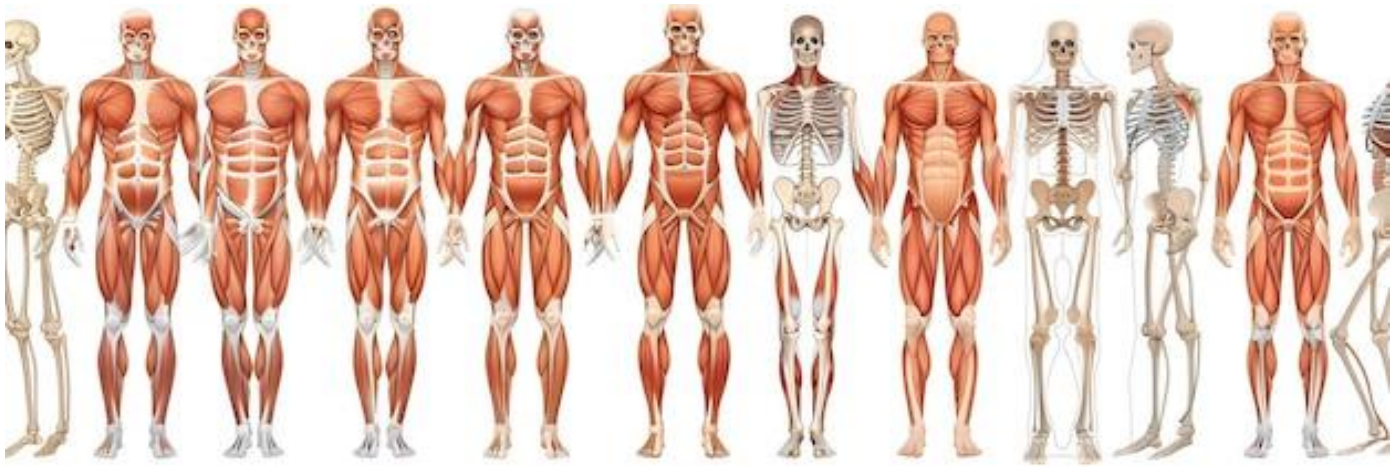
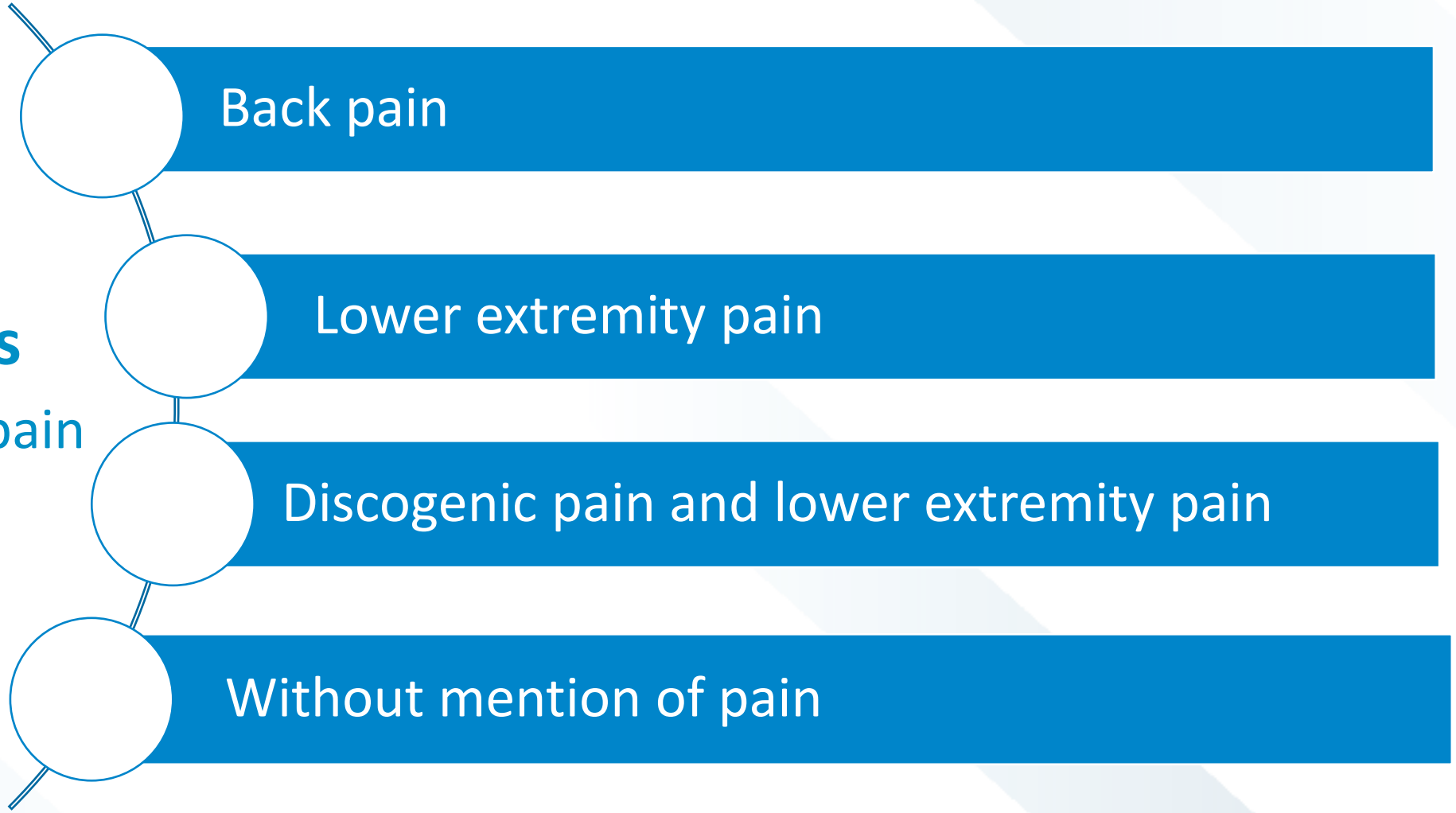


Image courtesy of freepik.com

M51 Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders

8 new codes

identify type of pain



M65 Synovitis and Tenosynovitis

31 new codes

identify site of *unspecified* synovitis and tenosynovitis

- Unspecified site
- Shoulder, Upper Arm
- Forearm, Hand
- Thigh, Lower Leg
- Ankle and Foot
- Other site
- Multiple sites

M65 Synovitis and Tenosynovitis

M65.9 Synovitis and Tenosynovitis, unspecified	
Add	**M65.90 Unspecified synovitis and tenosynovitis, unspecified site**
	M65.91 Unspecified synovitis and tenosynovitis, shoulder **M65.911 Unspecified synovitis and tenosynovitis, right shoulder** **M65.912 Unspecified synovitis and tenosynovitis, left shoulder** **M65.919 Unspecified synovitis and tenosynovitis, unspecified shoulder**
	M65.92 Unspecified synovitis and tenosynovitis, upper arm **M65.921 Unspecified synovitis and tenosynovitis, right upper arm** **M65.922 Unspecified synovitis and tenosynovitis, left upper arm** **M65.929 Unspecified synovitis and tenosynovitis, unspecified upper arm**

M65 Synovitis and Tenosynovitis

M65.9 Synovitis and Tenosynovitis, unspecified	
Add	**M65.93 Unspecified synovitis and tenosynovitis, forearm** **M65.931 Unspecified synovitis and tenosynovitis, right forearm** **M65.932 Unspecified synovitis and tenosynovitis, left forearm** **M65.939 Unspecified synovitis and tenosynovitis, unspecified forearm**
	M65.94 Unspecified synovitis and tenosynovitis, hand **M65.941 Unspecified synovitis and tenosynovitis, right hand** **M65.942 Unspecified synovitis and tenosynovitis, left hand** **M65.949 Unspecified synovitis and tenosynovitis, unspecified hand**

M65 Synovitis and Tenosynovitis

M65.9 Synovitis and Tenosynovitis, unspecified

Add	**M65.95 Unspecified synovitis and tenosynovitis, thigh** **M65.951 Unspecified synovitis and tenosynovitis, right thigh** **M65.952 Unspecified synovitis and tenosynovitis, left thigh** **M65.959 Unspecified synovitis and tenosynovitis, unspecified thigh**
	M65.96 Unspecified synovitis and tenosynovitis, lower leg **M65.961 Unspecified synovitis and tenosynovitis, right lower leg** **M65.962 Unspecified synovitis and tenosynovitis, left lower leg** **M65.969 Unspecified synovitis and tenosynovitis, unspecified lower leg**
	M65.97 Unspecified synovitis and tenosynovitis, ankle and foot **M65.971 Unspecified synovitis and tenosynovitis, right ankle and foot** **M65.972 Unspecified synovitis and tenosynovitis, left ankle and foot** **M65.979 Unspecified synovitis and tenosynovitis, unspecified ankle and foot**
	M65.98 Unspecified synovitis and tenosynovitis, other site **M65.99 Unspecified synovitis and tenosynovitis, multiple sites**

Unspecified Synovitis and Tenosynovitis - Coding Example

A 55-year-old female is diagnosed with tenosynovitis of the right shoulder.

Alphabetic Index:

- Main Term: Tenosynovitis (*see also* Synovitis) M65.9
- Main Term: Synovitis (*see also* Tenosynovitis) M65.9

Tabular Index:

M65.9 Synovitis and Tenosynovitis

2024 → **M65.9**

M65.911 Unspecified synovitis and tenosynovitis, right shoulder → 2025 **M65.911**

M65.912 Unspecified synovitis and tenosynovitis, left shoulder

M65.919 Unspecified synovitis and tenosynovitis, unspecified shoulder

Rationale: *Unspecified Synovitis and Tenosynovitis can now be identified by the site of the body area it is affecting. It should be noted that if the type of synovitis or tenosynovitis is specified, alternative codes are assigned. Example infective (M65.1-) or specified type (M65.8-).*

Chapter 14
Diseases of the Genitourinary System
N00 – N99

Image courtesy of freepik.com

Chapter 14 (N00 – N99)
Excludes1

N39.0 Urinary tract infection, site not specified	
Add	**Excludes1: pyonephrosis (N13.6)**

Excludes1 = Code1

Patient cannot have a UTI (N39.0) and pyonephrosis (N13.6) at the same time. Only one condition (the reason for the exam) should be coded.

Chapter 17

Congenital Malformations, Deformations and Chromosomal Abnormalities

Q00 – Q99

Chapter 17 (Q00 – Q99)

Q23.8 Other congenital malformations of aortic and mitral valves	
Add	Q23.81 Bicuspid aortic valve Q23.82 Congenital mitral valve cleft leaflet Q23.88 Other congenital malformations of aortic and mitral valves

Q87.8 Other specified congenital malformation syndromes, not elsewhere classified	
Add	Q87.86 Kleefstra syndrome

Chapter 18

Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified

R00 – R99

Image courtesy of freepik.com

Chapter 18 (R00 – R99)

R41 Other symptoms and signs involving cognitive functions and awareness	
Delete	R41.89 Other symptoms and signs involving cognitive functions and awareness ~~**Anosognosia**~~
Add	**R41.85 Anosognosia**

Anosognosia

This diagnosis is no longer reported with other symptoms code R41.89 and should now be reported with its more specific code R41.85.

Chapter 19

Injury, Poisoning and Certain other Consequences of External Causes S00 – T88

T45 Poisoning by, adverse effect of and underdosing of primarily systemic and hematological agents, not elsewhere classified

6 new codes

identify cause and effect of checkpoint inhibitors and immunostimulant drugs

- Accidental (unintentional) poisoning
- Intentional self-harm poisoning
- Assault poisoning
- Undetermined poisoning
- Adverse effect
- Underdosing

Chapter 19 (S00 – T88)

T45 Poisoning by, adverse effect of and underdosing of primarily systemic and hematological agents, not elsewhere classified	
Add	T45.A Poisoning by, adverse effect of and underdosing of immune checkpoint inhibitors and immunostimulant drugs T45.AX Poisoning by, adverse effect of and underdosing of immune checkpoint inhibitors and immunostimulant drugs T45.AX1 Poisoning by immune checkpoint inhibitors and immunostimulant drugs, accidental (unintentional) T45.AX2 Poisoning by immune checkpoint inhibitors and immunostimulant drugs, intentional self-harm T45.AX3 Poisoning by immune checkpoint inhibitors and immunostimulant drugs, assault T45.AX4 Poisoning by immune checkpoint inhibitors and immunostimulant drugs, undetermined T45.AX5 Adverse effect of immune checkpoint inhibitors and immunostimulant drugs T45.AX6 Underdosing of immune checkpoint inhibitors and immunostimulant drugs

Chapter 21

Factors Influencing Health Status and Contact with Health Services Z00 – Z99

Chapter 21 (Z00 – Z99)

18 other new codes

- Genetic susceptibility to disease
- Sepsis aftercare
- Insufficient health insurance or welfare coverage
- Duffy blood type
- Pediatric BMI
- Types of colon polyps
- History of immune checkpoint inhibitor therapy

Chapter 21 (Z00 – Z99)

Z15 Genetic susceptibility to disease	
Add	Z15.1 Genetic susceptibility to epilepsy and neurodevelopmental disorders Z15.2 Genetic susceptibility to obesity

Z51 Encounter for other aftercare and medical care	
Add	Z51.A Encounter for sepsis aftercare

Z59.7 Insufficient social insurance and welfare support	
Add	Z59.71 Insufficient health insurance coverage Z59.72 Insufficient welfare support

Chapter 21 (Z00 – Z99)

Z68.5 Body Mass Index [BMI] pediatric	
Revise	Z68.54 Body mass index [BMI] pediatric, ~~**greater than or equal to**~~ 95th percentile for age **to less than 120% of the 95th percentile for age**
Add	**Z68.55 Body mass index [BMI] pediatric, 120% of the 95th percentile for age to less than 140% of the 95th percentile for age** **Z68.56 Body mass index [BMI] pediatric, greater than or equal to 140% of the 95th percentile for age**

BMI percentage

Class 1 obesity >95th percentile to <120% of 95th percentile for age and sex

Class 2 obesity >120% to <140% of 95th percentile

Class 3 obesity >140% of 95th percentile

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Questions?

2025 updates can be found in full

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

2025 ICD-10-CM code book

Mary.suhr@rccsinc.com