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American Society of Echocardiography

Two important ICD-10 coding changes are occurring October 1, 2016. Now is a good time to reinforce your current education program in order to build a solid foundation of knowledge upon which to ensure coding accuracy.

1. October 1, 2016, will mark the end of a one-year “grace period” that allowed the use of unspecified ICD-10-CM codes on certain physician Medicare claims. The grace period, also known as flexibilities was a joint initiative between the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association, created to help ease the transition from ICD-9 to ICD-10 for physician practices.

Although “flexibilities” expires, unspecified codes do have acceptable, even necessary, uses. See 2017 ICD-10 Coding Guidelines. <https://www.cms.gov/Medicare/Coding/ICD10/Downloads/2017-Official-ICD-10-PCS-Coding-Guidelines.pdf>

While you should report specific diagnosis codes when they are supported by the available medical record documentation and clinical knowledge of the patient’s health condition, in some instances signs/symptoms or unspecified codes are the best choice to accurately reflect the health care encounter.

Importantly, code each health care encounter to the level of certainty known for that encounter. Per CMS, when sufficient clinical information is not known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate unspecified code (for example, a diagnosis of pneumonia has been determined but the specific type has not been determined).

<https://www.cms.gov/Medicare/Coding/ICD10/Clarifying-Questions-and-Answers-Related-to-the-July-6-2015-CMS-AMA-Joint-Announcement.pdf>

2. The upcoming ICD-10 updates for the Fiscal Year 2017 (effective October 1, 2016) will represent thousands of additional new, revised, and deleted ICD-10 diagnosis including ICD-10 procedure codes, which hospitals report for inpatient procedures. Many of the new hospital inpatient codes describe cardiovascular procedures that focus on multiple intraluminal devices and for applying the qualifier “bifurcation” to multiple root operations for all artery body part values.

While the procedure codes are not specific for echocardiography procedures, the cardiovascular diagnosis codes are relevant. See CMS resource document for cardiology diagnosis codes.

<https://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10ClinicalConceptsCardiology1.pdf>

- The 2017 ICD-10-CM files below contain information on all of the ICD-10-CM updates for FY 2017.

Downloads

- [2017 Code Descriptions in Tabular Order \[ZIP, 2MB\]](#)
- [2017 Code Tables and Index \[ZIP, 20MB\]](#)
- [2017 ICD-10-CM Duplicate Code Numbers \[ZIP, 64KB\]](#)
- [2017 Addendum \[ZIP, 1MB\]](#)
- [2017 POA Exempt Codes \[ZIP, 1MB\]](#)
- [2017 General Equivalence Mappings \(GEMs\) – Diagnosis Codes \[ZIP, 1MB\]](#)
- [2017 ICD-10-CM Guidelines \[PDF, 977KB\]](#)