

October 2024 ICD-10 Coding Changes: What Coders Need to Know



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Many of us look forward to autumn as cooler temperatures arrive and the leaves on the trees begin to change. Coders might look forward to autumn for one more reason: ICD-10 coding changes take affect October 1 every year! This means it's important to review new codes, revised codes, deleted codes, and/or guideline revisions. So, if a new code is appropriate for an encounter on October 1 or later, that new code should be used.

This year, there are 252 new codes, 36 code deletions, and 13 code revisions. There are some minimal guideline updates, but nothing significant. We will not review in detail the hundreds of coding updates here. However, we will highlight some coding updates of interest.

TYPE 1 DIABETES MELLITUS

There are three new codes for presymptomatic Type 1 diabetes mellitus. They include:

E10.A0 Type 1 diabetes mellitus, presymptomatic, unspecified

E10.A1 Type 1 diabetes mellitus, presymptomatic, Stage 1

E10.A2 Type 1 diabetes mellitus, presymptomatic, Stage 2

Prior to these new codes, all three of these would have been reported with R73.03 (prediabetes).

HYPOGLYCEMIA

There are three new codes related to hypoglycemia. They are:

E16.A1 Hypoglycemia level 1

E16.A2 Hypoglycemia level 2

E16.A3 Hypoglycemia level 3

Prior to these new codes, all three levels of hypoglycemia would have been reported with E16.2, Hypoglycemia, unspecified. From a clinical perspective, the following numerical values equate to the various levels of hypoglycemia¹:

[1] <https://www.niddk.nih.gov/health-information/professionals/diabetes-discoveries-practice/how-hypoglycemia-unawareness-affects-people-with-diabetes>



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Hypoglycemia level 1 = blood glucose level of 54 mg/dL to 69 mg/dL

Hypoglycemia level 2 = blood glucose level lower than 54 mg/dL

Hypoglycemia level 3 = *when a person experiences episodes that require assistance from another person for recovery because they are confused or unconscious. A blood glucose level is not required to define hypoglycemia in this setting, but with consumption of carbohydrates, or glucagon if they are unable to take something by mouth, the person will be lucid again or recover consciousness.*

OBESITY

There are four additional new codes related to obesity. They are:

E66.811 Obesity, class 1

E66.812 Obesity, class 2

E66.813 Obesity, class 3

E66.89 Other obesity not elsewhere classified

Prior to these new codes, all of these conditions were reported with E66.8 (Other obesity). From a clinical perspective, the classes of obesity are determined by the following Body Mass Index (BMI) ranges (kg/m²):

[2] <https://www.cdc.gov/bmi/adult-calculator/bmi-categories.html>

Class 1 Obesity = 30 to less than 35

Class 2 Obesity = 35 to less than 40

Class 3 Obesity (severe obesity) = 40 or greater

CARCINOID SYNDROME

There are three new codes related to carcinoid syndrome. They are:

E34.00 Carcinoid syndrome, unspecified

E34.01 Carcinoid heart syndrome

E34.09 Other carcinoid syndrome

Prior to these new codes, all these conditions were reported with the less specific code E34.0 (Carcinoid syndrome).



HODGKIN LYMPHOMA

There are multiple new codes (C81.0A, C81.1A, C81.2A, C81.3A, C81.4A, C81.7A and C81.9A) to describe various forms of Hodgkin lymphoma that are in remission. Prior to these new codes, these conditions were reported in a non-specific manner with Z85.71 (Personal history of Hodgkin lymphoma).

NON-HODGKIN LYMPHOMA

Similar to the new codes for the various forms of Hodgkin lymphoma in remission, there are many new codes representing various forms of non-Hodgkin lymphomas in remission (C82.0A, C82.1A, C82.2A, C82.3A, C82.4A, C82.5A, C82.6A, C82.8A, C82.9A, C83.0A, C83.1A, C83.390, C83.398, C83.3A, C83.5A, C83.7A, C83.8A, C83.9A, C84.0A, C84.1A, C84.4A, C84.6A, C84.7B, C84.AA, C84.ZA, C84.9A, C85.1A, C85.2A, C85.8A, C85.9A, C86.01, C86.11, C86.21, C86.31, C86.41, C86.51 and C86.61). Prior to these new codes, all these conditions were reported in a non-specific manner with Z85.72 (Personal history of non-Hodgkin lymphomas).

UNSPECIFIED SYNOVITIS AND TENOSYNOVITIS

There are multiple new codes for various locations (e.g., hand, forearm, thigh, lower leg, etc.) of unspecified synovitis and tenosynovitis.

These include: M65.90, M65.911, M65.912, M65.919, M65.921, M65.922, M65.929, M65.931, M65.932, M65.939, M65.941, M65.942, M65.949, M65.951, M65.952, M65.959, M65.961, M65.962, M65.969, M65.971, M65.972, M65.979, M65.98, M65.99.

Prior to these more specific location codes, all these conditions were reported with M65.9 (Synovitis and tenosynovitis, unspecified).

COMPLETELY NEW REPORTING OPPORTUNITIES

There are 12 new codes representing scenarios that prior to October 1, 2024, did not have a prior code assignment. These new codes and their descriptions are:

Z17.21 Progesterone receptor positive status

Z17.22 Progesterone receptor negative status

Z17.31 Human epidermal growth factor receptor 2 positive status

Z17.32 Human epidermal growth factor receptor 2 negative status

Z17.410 Hormone receptor positive with human epidermal growth factor receptor 2 positive status

Z17.411 Hormone receptor positive with human epidermal growth factor receptor 2 negative status

Z17.420 Hormone receptor negative with human epidermal growth factor receptor 2 positive status

Z17.421 Hormone receptor negative with human epidermal growth factor receptor 2 negative status

Z67.A1 Duffy null

Z67.A2 Duffy a positive

Z67.A3 Duffy b positive

Z67.A4 Duffy a and b positive

There are, of course, many other coding updates for ICD-10 codes that go into effect on October 1, 2024. A thorough review of all the coding changes should be a regular exercise for medical coders.

For details of all the coding changes, see <https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf>.

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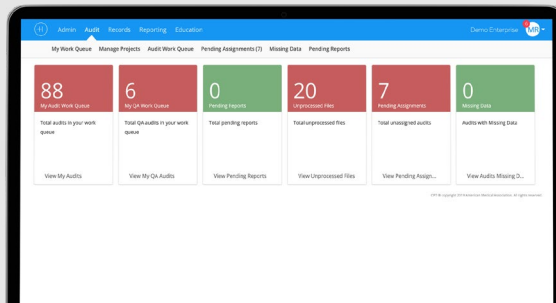
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CJ Wolf is a highly regarded healthcare professional with more than 25 years of experience in revenue cycle management, practice management, compliance, coding, billing, auditing, and client services. He is a nationally recognized compliance thought leader who has published numerous articles and resources and has been featured at national conferences and events.



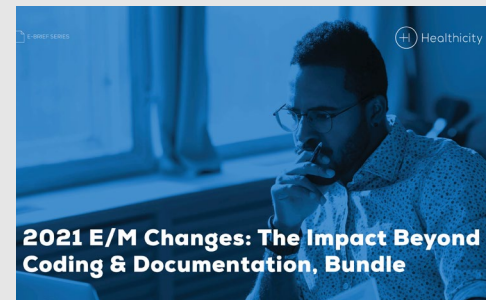
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