



ICD-10-CM: What's New for 2025

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We are heading into fall, and fall starts with updates to the ICD-10-CM codes. The most recent changes went into effect on October 1, 2024. There is no grace period. Because ICD-10-CM codes are date-specific, claims prior to date of service October 1, 2024, need to use the codes for that time period, switching over to the update on the exact day.

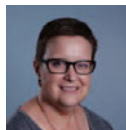
While ICD-10-CM codes are updated semi-annually, the major updates occur in October. Changes include 252 new codes, 36 code deletions, and 13 code revisions. There are several things to ask yourself each time an update comes out.

- **Guidelines:** Have the rules changed? The official ICD-10 guidelines for fiscal year 2025 are found on the Centers for Medicare & Medicaid Services website.¹ Narrative changes appear in bold text, items underlined have been moved since the prior version, and italics are used to indicate revisions to headings.
- **Revisions:** Does the code mean the same thing as it did last year? Revisions are important because they involve a change in *description* versus a change in *code number*.
- **Deleted Codes:** Do you need to document with more detail? Deletions are usually done in combination with the creation of new codes when digits are added to an existing code to be even more specific.
- **New Codes:** Should you be using a completely different code now? Sometimes, instead of the addition of digits, a brand new category may be created in a completely different section of the ICD-10-CM code set.

Let's review some of the changes that may be pertinent to urgent care.

ICD-10 Changes for Urgent Care

New codes were added for presymptomatic diabetes for



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early-stage type 1 diabetes that predates the onset of symptoms.

- 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

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Under eating disorders, there are several new codes for anorexia nervosa, restricting type (F50.010-F50.019), binge eating/purging type (F50.020-F50.029), bulimia nervosa (F50.20-F50.25), and binge eating disorder (F50.810-F50.819). Also new are F50.83 for pica in adults and F50.84 for rumination disorder in adults.

There are several new codes for diseases of the musculoskeletal system and connective tissue. New 6-character codes were added to specify the location of pain under thoracic, thoracolumbar, and lumbosacral intervertebral disk disorders (M51). Under synovitis and tenosynovitis (M65), several 5th- and 6th-character codes were added to allow the practitioner to specify the location of the unspecified synovitis and tenosynovitis.

An exclusion note was added to ICD-10-CM N39.0 (urinary tract infection, site not specified). If the urinary tract infection is of a specified site, use one of the following: cystitis (N30.-); pyonephrosis (N13.6); or urethritis (N34.-).

One new code was added for anosognosia (R41.85). Patients with this condition are unaware of their health conditions or problems, often due to dementia or Alzheimer disease. Additionally, 2 new social determinants of health codes for insufficient health insurance coverage (Z59.71) or welfare support (Z59.72) were added.

“Remember to document and code as specifically as you can for a clean claim from the start. With clean claims, revenue cycle management accelerates, and administrative burdens decrease.”

The change expected to impact urgent care the most is changes to report body mass index (BMI) for pediatric patients. Two codes were added for identifying pediatric BMI percentiles. BMI pediatric codes are used for patients age 2 to 19 years of age and are based on the growth charts published by the Centers for Disease Control and Prevention. The descriptions for this range of codes are now:

- Z68.51 BMI pediatric, less than 5th percentile for age
- Z68.52 BMI pediatric, 5th percentile to less than 85th percentile for age
- Z68.53 BMI pediatric, 85th percentile to less than 95th percentile for age
- Z68.54 BMI pediatric, 95th percentile for age to less than 120% of the 95th percentile for age
- Z68.55 BMI pediatric, 120% of the 95th percentile for age to less than 140% of the 95th percentile for age
- Z68.56 BMI pediatric, greater than or equal to 140% of the 95th percentile for age

Remember to document and code as specifically as you can for a clean claim from the start. With clean claims, revenue cycle management accelerates, and administrative burdens decrease. ■

Reference

1. Centers for Medicare & Medicaid Services website. FY 2025 ICD-10-CM Coding Guidelines. 2024. Accessed at: <https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf>

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