
ahcc talk
AHCC Talk
September 29, 2025
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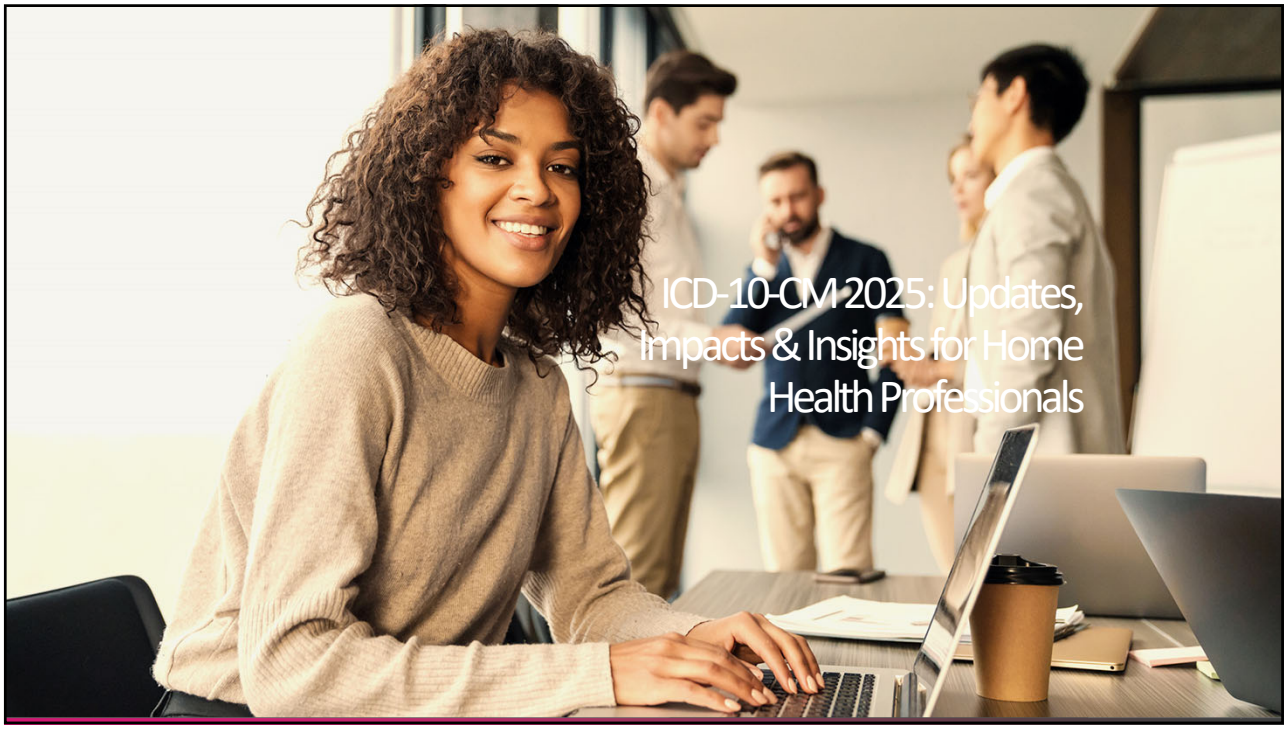
ICD-10-CM 2025: Updates, Impacts & Insights for Home Health Professionals

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Our Panel

Host

Jan Milliman, HCS-D, Director, AHCC

Panelist

Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C

Vice President of Clinical Services, McBee

Panelist

Sherri Parson, RN, HCS-D, HCS-O, HCS-H, COS-C,

CEO, Infusion Health

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Code Transition

- New ICD-10-CM codes go into effect for *encounters* beginning October 1. This means that any visit occurring on or after October 1 must reflect the updated codes on the claim.

CMS Official Statement

- "These 2026 ICD-10-CM codes are to be used for discharges occurring from October 1, 2025 through September 30, 2026 and for patient encounters occurring from October 1, 2025 through September 30, 2026." *(Note: The discharge portion of this statement does not apply to home health or hospice.)*
- https://www.cms.gov/medicare/coding-billing/icd-10-codes
  The CMS ICD-10-CM Code Files are ready for download.

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What This Means for Billing

- Billing periods that begin September 1 and end October 1 may span both code sets.
- If any visit (line item) occurs on or after October 1, the entire claim must reflect the new codes.
- Claims submitted with outdated codes for visits on or after October 1 will be rejected (RTP).
- Agencies have two options:
  - Update the codes before submitting the claim, or
  - Wait for the claim to reject, then correct and resubmit with the updated codes.
- Some agencies choose the latter, but proactive updating can reduce delays in reimbursement.

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What About Hospice?

- If any date of service on a hospice claim falls on or after October 1, the entire claim must use the updated diagnosis codes.
- If the claim includes only dates of service prior to October 1, the current (pre-October 1) codes remain valid.
- Claims that include outdated codes for dates of service on or after October 1 will be rejected and must be corrected and resubmitted.

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Inflammatory Breast Carcinoma

- Because IBC commonly lacks an underlying palpable mass and progresses rapidly, by the time symptoms manifest, the disease is already at late stage (Stage 3 or 4) with about 1/3 of women having distant metastases upon diagnosis. Although IBC is a rare disease accounting for only 1-5% of breast cancers in the US, it disproportionately contributes to about 7% of breast cancer mortalities; and sadly, IBC patients are faced with the dire prognosis of a five-year relative survival rate of only 39%.
- Characterized by tumor cell emboli blocking the breast lymph vessels. This blockage causes inflammatory-like changes in the breast, including swelling and skin reddening, which are often mistaken for a breast infection, leading to delayed diagnosis.
- Much more difficult to recognize in dark-skinned women and IBC is more prevalent in black women.

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Tabular and Index Updates

No Change **C50 Malignant neoplasm of breast**

Add **C50.A Malignant inflammatory neoplasm of breast**
Add Inflammatory breast cancer (IBC)

Add **C50.A0 Malignant inflammatory neoplasm of unspecified breast**

Add **C50.A1 Malignant inflammatory neoplasm of right breast**

Add **C50.A2 Malignant inflammatory neoplasm of left breast**

No Change **Inflammation, inflamed, inflammatory (with exudation)**
No Change - breast N61.0
Add - - cancer - see Table of Neoplasms
Add - - neoplasm - see Table of Neoplasms

Neoplasm Table

- breast (connective tissue) (glandular tissue) (soft parts)	C50.9-	C79.81	D05.-	D24.-	D48.6-	D49.3
Add: - - inflammatory	*Add:* C50.A-	*Add:* -	*Add:* -	*Add:* -	*Add:* -	*Add:* -

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E11.A T2DM without complications in remission

People with type 2 diabetes mellitus (T2DM) should be considered in remission after sustaining normal blood glucose (sugar) levels for three months or more. Remission must be documented by the provider. "Remission is not equivalent to 'cure,' 'resolved,' etc.

No Change **E11 Type 2 diabetes mellitus**

No Change **E11.9 Type 2 diabetes mellitus without complications**

Add **Excludes1:** type 2 diabetes mellitus, without complications in remission (E11.A)

Add **E11.A Type 2 diabetes mellitus without complications in remission**

Add **Excludes1:** type 2 diabetes mellitus, with complications (E11.0-E11.8)
Add type 2 diabetes mellitus, without complications not in remission (E11.9)

No Change - type 2 E11.9
No Change - - with
Add - - - retinal, hemorrhage E11.39
Add - - without complications in remission E11.A
Add - without complications in remission E11.A

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Guideline

Code E11.A, Type 2 diabetes mellitus without complications in remission, is assigned based on provider documentation that the diabetes mellitus is in remission. If the documentation is unclear as to whether the Type 2 diabetes mellitus has achieved remission, the provider should be queried. For example, the term "resolved" is not synonymous with remission.

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DM with Venous Insufficiency

Coding Clinic Q1 2025

- Pt has type 2 DM, hx venous insufficiency and venous stasis dermatitis admitted with venous ulcer to left shin with exposed fat layer.
- How should this be coded?

- I87.2, Venous insufficiency (chronic) (peripheral)
- L97.222, Non-pressure chronic ulcer of left calf with fat layer exposed
- E11.9, Type 2 diabetes mellitus without complications
- **Venous insufficiency** is generally associated with the deeper veins and **is not considered a diabetic peripheral angiopathy.**
- Peripheral vascular disease (PVD) is an arterial disease, not a venous disease. Therefore, it would not be appropriate to assume a relationship between the patient's venous insufficiency and diabetes mellitus.

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Obesity

New Guideline April 2025

- The obesity class codes in subcategory E66.81, Obesity class, require a fifth character to convey the severity of obesity. The obesity class should be documented in the medical record by the provider for these codes to be assigned. The obesity class codes can be reported with other obesity codes in the classification found in Chapters 4 and 15 to fully describe the condition. *However, if both class 3 obesity and morbid obesity are documented, only a code for class 3 obesity should be assigned as it is more specific.*

Coding Clinic 1st Q 2025

- The provider documented morbid obesity and class 3 obesity. Previous Coding Clinic advice instructed that morbid obesity and class 3 obesity are synonymous. *Would it be appropriate to assign code E66.01, Morbid (severe) obesity due to excess calories, and code E66.813, Obesity, class 3, for this patient?*
- *Assign only code E66.813, Obesity, class 3, for provider documentation of class 3 obesity and morbid obesity.* Assign an additional code to identify the body mass index (BMI), if known. It is not appropriate to assign code E66.01. In this case, the provider has further specified the obesity as class 3.

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Hypercholesterolemia

No Change	**E78.0 Pure hypercholesterolemia**
No Change	**E78.01 Familial hypercholesterolemia**
Add	**E78.010 Homozygous familial hypercholesterolemia [HoFH]**
Add	**E78.011 Heterozygous familial hypercholesterolemia [HeFH]**
Add	**E78.019 Familial hypercholesterolemia, unspecified**
Add	Familial hypercholesterolemia NOS

Homozygous and heterozygous familial hypercholesterolemia are rare genetic forms of high cholesterol, marked by extremely elevated LDL (low-density lipoprotein) levels that can lead to early-onset heart disease.

In homozygous familial hypercholesterolemia, both copies of the gene are affected.
In heterozygous familial hypercholesterolemia, only one gene is affected while the other remains normal.
Individuals with these conditions typically have LDL cholesterol levels two to three times higher than normal.

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Multiple Sclerosis

G35.A Relapsing-remitting multiple sclerosis (RRMS) is the most common type of multiple sclerosis (MS). It's characterized by periods of new or worsening symptoms (relapses) lasting at least 24 hours followed by periods of remission where symptoms improve or disappear.

G35.B Primary Progressive Multiple Sclerosis (PPMS) is a type of MS where symptoms worsen continuously from the onset and is characterized by a gradual and steady decline in neurological function.

G35.C In Secondary Progressive MS, the disease progresses steadily, leading to a worsening of neurological function and disability. This progression can occur with or without relapses, and it's characterized by a steady decline in motor function, often affecting the lower limbs.

G35.D MS, Unspecified

Revise to	- multiple (brain stem) (cerebral) (disseminated) (generalized) (spinal cord) G35.D
Add	- - progressive
Add	- - - primary G35.B0
Add	- - - - with
Add	- - - - - evidence of inflammatory disease activity G35.B1
Add	- - - - active G35.B1
Add	- - - - non-active G35.B2
Add	- - - - without evidence of inflammatory disease activity G35.B2
Add	- - - secondary G35.C0
Add	- - - - with
Add	- - - - - evidence of inflammatory disease activity G35.C1
Add	- - - - active G35.C1
Add	- - - - non-active G35.C2
Add	- - - - without evidence of inflammatory disease activity G35.C2
Add	- - relapsing-remitting G35.A

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Muscular Dystrophy

No Change	**G71.0 Muscular dystrophy**
No Change	**G71.03 Limb girdle muscular dystrophies**
Add	**G71.036 Limb girdle muscular dystrophy due to fukutin related protein dysfunction**
Add	LGMD R9 FKRP-related
Add	Limb girdle muscular dystrophy due to FKRP deficiency
Add	Limb girdle muscular dystrophy type 2I
No Change	**G71.038 Other limb girdle muscular dystrophy**
Delete	LGMD R9 FKRP-related
Delete	Limb girdle muscular dystrophy due to fukutin related protein dysfunction
Delete	Limb girdle muscular dystrophy type 2I

G71.038 Other limb girdle muscular dystrophy

- LGMD R22 collagen 6-related
- Other autosomal recessive limb girdle muscular dystrophy

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Big Changes to Hypertensive Heart Disease

No Change	**I51 Complications and ill-defined descriptions of heart disease**
Delete	**Excludes1:** any condition in I51.4-I51.9 due to hypertension (I11.-)
Delete	any condition in I51.4-I51.9 due to hypertension and chronic kidney disease (I13.-)
Delete	heart disease specified as rheumatic (I00-I09)
Add	**Excludes2:** heart disease specified as rheumatic (I00-I09)
No Change	**I51.5 Myocardial degeneration**
Add	**Excludes1:** myocardial degeneration due to hypertension (I11.-)
Add	myocardial degeneration due to hypertension and chronic kidney disease (I13.-)
No Change	**I51.7 Cardiomegaly**
Add	**Excludes1:** cardiomegaly due to hypertension (I11.-)
Add	cardiomegaly due to hypertension and chronic kidney disease (I13.-)

No change in index

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New Guideline

Use an additional code to identify Myocarditis, Other ill-defined (dysfunction) and heart disease unspecified (end stage heart disease).

Do NOT use an additional code for myocardial degeneration or cardiomegaly.

Not new but important!

Hypertension with Heart Disease

Hypertension with heart conditions **classified to I50.-, Heart failure, I51.4, Myocarditis, unspecified, I51.89, Other ill-defined heart diseases, and I51.9, Heart disease, unspecified, is assigned to a code from category I11, Hypertensive heart disease. Use additional code(s) from category I50, Heart failure, or I51, Complications and ill-defined descriptions of heart disease, to identify the heart condition.**

Hypertension with heart conditions classified to I51.5, Myocardial degeneration, or I51.7, Cardiomegaly, is assigned to a code from category I11, Hypertensive heart disease. No additional code is assigned to identify the specific heart condition.

The Includes note at I13 specifies that the conditions included at I11 and I12 are included together in I13. If a patient has hypertension, heart disease and chronic kidney disease, then a code from I13 should be used, not codes from I11 or I12,

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HTN Examples

HTN with Cardiomegaly	HTN with Myocardial Degeneration	HTN with Myocarditis	HTN with Diastolic Dysfunction	HTN with End-stage Heart Disease
I11.9	I11.9	I11.9	I11.9	I11.9
		I51.4	I51.89	I51.9

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L98.4- Non-pressure chronic ulcer of skin, not elsewhere classified

- L98.43 Abdomen
- L98.44 Chest
- L98.45 Neck
- L98.46 Face
- L98.47 Groin

1 - limited to breakdown of skin

2 - fat layer exposed

3 - necrosis of muscle

4 - necrosis of bone

5 - muscle involved w/o necrosis

6 - bone involved w/o necrosis

8 - other specified severity

9 - unspecified severity

- L98.A1 Upper arm
- L98.A2 Forearm
- L98.A3 Hand

Laterality

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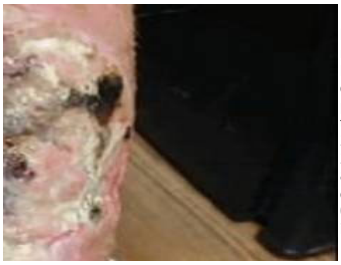
Related to All Those Ulcer Codes

No Change	**Toxic effects of substances chiefly nonmedicinal as to source (T51-T65)**
No Change	**T65 Toxic effect of other and unspecified substances**
No Change	**T65.8 Toxic effect of other specified substances**
Add	**T65.84 Toxic effect of xylazine**
Add	**Use Additional** code(s) for all associated manifestations, such as:
Add	cellulitis and acute lymphangitis (L03.-)
Add	cutaneous abscess, furuncle and carbuncle (L02.-)
Add	non-pressure chronic ulcer of lower limb, not elsewhere classified (L97.-)
Add	non-pressure chronic ulcer of skin, not elsewhere classified (L98.4-)
Add	**T65.841 Toxic effect of xylazine, accidental (unintentional)**
Add	Toxic effect of xylazine NOS
Add	**T65.842 Toxic effect of xylazine, intentional self-harm**
Add	**T65.843 Toxic effect of xylazine, assault**
Add	**T65.844 Toxic effect of xylazine, undetermined**

Xylazine, a veterinary sedative not approved for human use, has been increasingly prevalent in the illicit drug supply as an additive to fentanyl, heroin, and cocaine. It is a vasoconstrictor.



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COPD with other chronic bronchitis

No Change	**J44 Other chronic obstructive pulmonary disease**
Delete	**Excludes1:** chronic bronchitis NOS (J42)
Delete	chronic simple and mucopurulent bronchitis (J41.-)
Delete	chronic tracheitis (J42)
Delete	chronic tracheobronchitis (J42)
Add	**Excludes2:** chronic bronchitis NOS (J42)
Add	chronic simple and mucopurulent bronchitis (J41.-)
Add	chronic tracheitis (J42)
Add	chronic tracheobronchitis (J42)

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Flank is added as a new anatomic site

Add	**R10.A Pain localized to flank**
Add	Lateral abdomen pain
Add	Lateral flank pain
Add	Latus region pain
Add	**Excludes2:** pain localized to other parts of lower abdomen (R10.3-)
Add	pain localized to upper abdomen (R10.1-)
Add	**R10.A0 Flank pain, unspecified side**
Add	**R10.A1 Flank pain, right side**
Add	**R10.A2 Flank pain, left side**
Add	**R10.A3 Flank pain, bilateral**

Abrasion

Insect bite

Puncture

Superficial Foreign Body

Blister

Laceration

No Change	**S30.1 Contusion of abdominal wall**
Delete	Contusion of flank
Delete	Contusion of groin
Add	**S30.11 Contusion of abdominal wall**
Add	**S30.12 Contusion of groin**
Add	**S30.13 Contusion of flank (latus) region**

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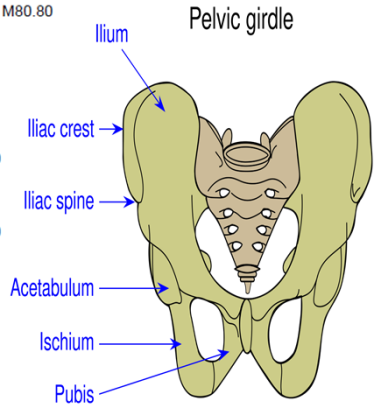
All the parts of the pelvis moved to M80.0B Pelvis

No Change	**Osteoporosis (female) (male)** M81.0
No Change	- age-related M81.0
No Change	- - with current pathologic fracture M80.00
Revise from	- - - ilium M80.0A
Revise to	- - - ilium M80.0B-
Revise from	- - - ischium M80.0A
Revise to	- - - ischium M80.0B-
Delete	- - - pubis ramus M80.0A
Delete	- - - specified site NEC M80.0A

Just an index change

Add	- - - pubic ramus [pubis] M80.0B-
No Change	- disuse M81.8
No Change	- - with current pathological fracture M80.80
Revise from	- - - ilium M80.8A
Revise to	- - - ilium M80.8B-
Revise from	- - - ischium M80.8A
Revise to	- - - ischium M80.8B-
Delete	- - - pubis ramus M80.8A
Add	- - - pubic ramus [pubis] M80.8B-
No Change	- postmenopausal M81.0
No Change	- - with pathological fracture M80.00
Delete	- - - pubis ramus M80.0A
Add	- - - pubic ramus [pubis] M80.8B
No Change	- specified type NEC M81.8
No Change	- - with pathological fracture M80.80
Revise from	- - - ilium M80.8A
Revise to	- - - ilium M80.8B-
Revise from	- - - ischium M80.8A
Revise to	- - - ischium M80.8B-
Delete	- - - pubis ramus M80.8A
Add	- - - pubic ramus [pubis] M80.8B-



M80.0A = Other site M80.0B = Pelvis

https://en.m.wikipedia.org/wiki/File:Pelvic_girdle_illustration.svg

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Fluoroquinolones

No Change	T36 Poisoning by, adverse effect of and underdosing of systemic antibiotics
Add	T36.A Poisoning by, adverse effect of and underdosing of fluoroquinolone antibiotics
Add	T36.AX Poisoning by, adverse effect of and underdosing of fluoroquinolone antibiotics
Add	T36.AX1 Poisoning by fluoroquinolone antibiotics, accidental (unintentional)
Add	Poisoning by fluoroquinolone antibiotics NOS
Add	T36.AX2 Poisoning by fluoroquinolone antibiotics, intentional self-harm
Add	T36.AX3 Poisoning by fluoroquinolone antibiotics, assault
Add	T36.AX4 Poisoning by fluoroquinolone antibiotics, undetermined
Add	T36.AX5 Adverse effect of fluoroquinolone antibiotics
Add	T36.AX6 Underdosing of fluoroquinolone antibiotics

Common examples of fluoroquinolones: Ciprofloxacin (Cipro), Levofloxacin (Levaquin), Moxifloxacin (Avelox), Ofloxacin, and Delafloxacin.

While effective, fluoroquinolones are associated with a range of potential side effects, some of which can be serious and long-lasting.

- **Tendon problems:**
  Tendonitis and tendon rupture are well-known risks, particularly in older adults, those taking corticosteroids, and transplant recipients.
- **Nervous system effects:**
  Peripheral neuropathy, central nervous system issues, and other neurological problems have been reported.
- **Other risks:**
  Cardiac, dermatologic, and hypersensitivity reactions are also mentioned by the FDA.

Poisoning
- T code
- Effect

Adverse
- Effect
- T code

Underdosing
- Effect
- T code
- Z/Y code

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Genetic Susceptibility

Genetic Testing and Counseling

No Change	**Genetic carrier and genetic susceptibility to disease (Z14-Z15)**
No Change	**Z15 Genetic susceptibility to disease**
No Change	**Z15.0 Genetic susceptibility to malignant neoplasm**
Add	**Z15.05 Genetic susceptibility to malignant neoplasm of fallopian tube(s)**
Add	**Z15.06 Genetic susceptibility to malignant neoplasm of digestive system**
Add	**Z15.060 Genetic susceptibility to colorectal cancer**
Add	**Z15.068 Genetic susceptibility to other malignant neoplasm of digestive system**
Add	Genetic susceptibility to biliary tract cancer
Add	Genetic susceptibility to gastric cancer
Add	Genetic susceptibility to pancreatic cancer
Add	Genetic susceptibility to small bowel cancer
Add	**Z15.07 Genetic susceptibility to malignant neoplasm of urinary tract**
Add	**Z15.3 Genetic susceptibility to kidney disease**
Add	**Code also**, if applicable, hypertension (I10-I1A)

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Scenario Spotlight

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August Scenario

A 78-year-old male patient receiving home health services for a recent stroke and right-sided weakness begins experiencing a new onset of chest pain. He is transferred to the emergency department at 10:00 PM on June 12 and receives nitroglycerin sublingual that relieves the chest pain after 2 doses. He also has a cardiac workup in the emergency department and after a consult with cardiology, he is admitted for a diagnostic cardiac catheterization scheduled for 4:00 PM on June 13. The cardiac catheterization reveals no acute blockages and after spending the night in the hospital, he is discharged at 10:00 am on June 14 to resume home health services with a new prescription for nitroglycerin and a follow-up appointment with cardiology in 1 week.

Which of the following is the best option?

a. Complete M0100: 6. Transfer not discharged with M0906 date 6/12 and M0100. 3. Resumption of care by 6/16.
b. Complete M0100: 6. Transfer not discharged with M0906 date 6/13 and M0100. 3. Resumption of care by 6/16
c. Complete M0100: 5. Other follow-up when the patient returns home
d. No OASIS assessments are needed

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August Scenario Answer

The correct answer is Complete M0100: 5. Other follow-up

While no OASIS assessments are required because the cardiac catheterization was a diagnostic test, the patient had a significant change in condition that requires a re-assessment and change to the care plan. (OASIS Q&As – Category 4 – Q23.6, Q23.10 and Q23.10.1)

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September Scenario

Patient was admitted to home care with diagnoses of new onset paroxysmal atrial fibrillation, hypertensive chronic kidney disease, diabetes in remission, peripheral neuropathy, CKD, and history of a CVA without residuals.

Patient started on Plavix, Aspirin, for treatment of Afib and nursing to teach on new diagnosis and new high-risk medications.

What is the BEST coding sequence for this patient?

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Product Spotlight

Looking to sharpen your home health coding and OASIS skills?

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Learn more at
decisionhealth.com/HomeHealthPro

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What's new with AHCC

AHCC Advisory Board update

AHCC is pleased to announce our new board officers for the 2025-2026 term:

- Chair: Sherri Parson, RN, HCS-D, HCS-O, HCS-H, COS-C, CEO with Infusion Health
- Vice Chair: Apryl Swafford, RN, BSN, COS-C, HCS-D, HCS-H, HCS-O, QA Manager with SimiTree Healthcare Consulting
- Secretary: Christine Mickel, PTA, HCS-D, HCS-O, HCS-H, Manager, OASIS and Coding, with McBee Associates

Tell us What You Want in the AHCC Member Survey

Take the survey:
https://www.surveymonkey.com/r/7SKBX2J

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