

<u>FY 2021 ICD-10 Code</u>	<u>FY 2021 PDPM Mapping Revision</u>
GI Cancer Codes C15.3 through C26.9	CMS will include the surgical clinical category option “May be Eligible for the Non-Orthopedic Surgery Category” to these diagnoses because they correspond to J2910 of the MDS and address cancers involving the gastrointestinal tract.
Respiratory Cancer Codes C33 through C39.9	CMS will include the surgical clinical category option “May be Eligible for the Non-Orthopedic Surgery Category” these codes because they correspond to J2710 of the MDS and that address cancers involving the respiratory system.
Bone Related Cancer Codes C40.01 through C40.02, C410, C40.11 through C40.12, C40.21 through C40.22, C40.31 through C40.32, C40.81 through C40.82, C40.91 through C41.9	CMS will include the “May be Eligible for One of the Two Orthopedic Surgery Categories” option for cancers involving the bones.
Other Cancer Codes C46.3 through C46.9 Kaposi’s sarcoma	CMS will include the “May be Eligible for the Non-Orthopedic Surgery Category” option for these codes because the cancers associated with these codes could require a major surgical procedure.
D37.09 through D39.9, D3A.00 through D3A.8, D40.0, D40.11 through D44.9, D48.3 through D48.4, D48.61 through D48.7, and D49.0 through D49.7,	CMS will include the “May be Eligible for the Non-Orthopedic Surgery Category” option for these codes because these conditions sometimes require surgery.
C45.0 through C45.9, C47.0, C47.11 through C47.12, C47.21 through C47.22, C47.3 through C48.8, C49.0, C49.11 through C49.12, C49.21 through C49.A9, C50.011 through C50.012, C50.021 through C50.022, C50.111 through C50.112, C50.121 through C50.122, C50.211 through C50.212, C50.221 through C50.222, C50.311 through C50.312, C50.321 through C50.322, C50.411 through C50.412, C50.421 through C50.422, C50.511 through C50.512, C50.521 through C50.522, C50.611 through C50.612, C50.621 through C50.622, C50.811 through C50.812,	CMS is adding the surgical clinical category options of “May be Eligible for the Non-Orthopedic Surgery Category” to the clinical category mapping of these codes when a major procedure, is identified on the MDS because a major procedure for these codes in a prior inpatient stay could affect the plan of care.

C50.821 through C50.822, C50.911 through C50.912, C50.921 through C50.922, C51.0 through C61, C62.01 through C62.02, C62.11 through C62.12, C62.91 through C68.9, C70.0 through C76.3, C76.41 through C76.42, C76.51 through C80.1	
G6PD deficiency without anemia D75.A	Glucose-6-phosphate dehydrogenase, G6PD deficiency without anemia, is generally asymptomatic and detected by testing. Compared to other blood diseases in the D75 code family, D75.A is very minor and likely asymptomatic. For this reason, CMS has finalized changing the assignment of D75.A to “Medical Management”.
Fracture Codes S32.031D, S32.19XD, S82.001D, and S82.002D through S82.002J	CMS has changed the default clinical category for these codes to “Non-Surgical Orthopedic”, with the surgical option of “May be Eligible for One of the Two Orthopedic Surgery Categories”.
S82.009A, S82.013A, S82.016A, S82.023A, S82.026A, S82.033A, S82.036A, and S82.099A	CMS has changed the default clinical category of these fracture codes to “Return to Provider” because these codes are unspecific and lack the level of detail provided by more specific codes as to whether the condition is on the right or left side of the body
Spinal Stenosis Codes M48.00 through M48.08	CMS will add the surgical option of “May be Eligible for One of the Two Orthopedic Surgery Categories” to these codes to allow for cases where patients have spinal stenosis and spinal laminectomy surgery
Surgery After Care Codes Z48.21, Z48.22, Z48.23, Z48.24, Z48.280, Z48.288, Z48.298, Z48.811, Z48.812, Z48.813, Z48.815, and Z48.816	CMS will add the surgical option of “May be Eligible for the Non-Orthopedic Surgery Category” to these codes to promote more accurate clinical category assignment
NTA Comorbidity Codes T82.310A through T85.89XA	CMS has finalized adding codes in this range with the seventh digit of D (but not the seventh digit of S, because sequela can be coded years after the event and are likely not a reason for SNF treatment) for use in the ICD-10 code mapping to the NTA comorbidity CC176 “Complications of Specified Implanted Device or Graft” on the NTA conditions and extensive services list for the purpose of calculating the PDPM NTA score.