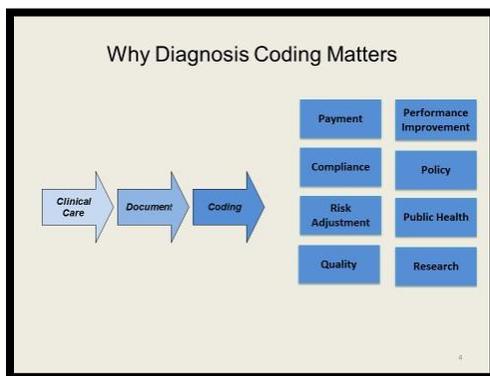


July 2016

New ICD-10-CM Codes for Unintended Awareness Under General Anesthesia

Over the past few years, attention to diagnosis codes has focused on the transition from ICD-9-CM to ICD-10-CM but reporting accurate and applicable diagnosis codes has always been an important part of medical coding.

As the graphic below indicates, clinical care is provided and documented. That documentation is “translated” into codes that describe not only *what* care was provided



(CPT® codes and modifiers) but also into codes that express *why* it was provided (ICD-10-CM). ICD-10-CM diagnosis codes support the medical necessity of the service provided - which is an important factor in claims processing and payment. However, ICD diagnosis codes play an important role in other significant areas including quality, performance improvement, risk adjustment and research. The 2017 edition of ICD-10-CM includes new codes - specific to anesthesia - that demonstrate how ICD-10-CM coding is linked to functions beyond payment.

The Centers for Medicare and Medicaid Services (CMS) recently released the [2017 edition of ICD-10-CM](#). This update is quite substantial as it represents the first one since 2011 when [the ICD code set was frozen](#) to help facilitate the transition from ICD-9-CM to ICD-10-CM. The code freeze lifts one year after the transition which took place in October 2015

This 2017 update will become effective for services provided on/after October 1, 2016.

The American Society of Anesthesiologists requested ICD-10-CM codes to describe the uncommon instance in which a patient suffers unintended awareness under general anesthesia. As noted in our request, “Availability of these codes will further research into the factors that contribute to unintended awareness, to methods to reduce its occurrence and to correctly identify patients who experience the condition thus facilitating both acute management and appropriate care during future anesthetics.”

The request was considered at the September 2013 meeting of the ICD-9/10-CM Coordination and Maintenance Committee, but as these codes would not represent new disease or new technology, they were considered for implementation as part of the October 2016 update (after the code freeze noted above was removed).

Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

The following new ICD-10-CM codes will be available for use on/after October 1, 2016:

T88.53XA Unintended awareness under general anesthesia during procedure, initial encounter

T88.53XD Unintended awareness under general anesthesia during procedure, subsequent encounter

T88.53XS Unintended awareness under general anesthesia during procedure, sequela

Z92.84 Personal history of unintended awareness under general anesthesia

There is an Excludes 2 Note associated with the T88.53X— series of codes and the code that covers a personal history of the condition. In ICD-10-CM, an Excludes 1 note is used when two conditions would not be reported in the same encounter. An Excludes 2 note is used when both conditions could be reported. Also the “X” in the T88.53X – code series serves as a placeholder within each of the codes. Excludes 1 and Excludes 2 Notes, placeholders and distinctions between initial encounters, subsequent encounters and sequela are new coding conventions introduced with ICD-10-CM. They are explained in a [June 2014 Timely Topic: Tense about ICD-10?](#)

When proposing these codes, ASA clarified that they would be applicable only when the patient undergoes general anesthesia. Furthermore, intraoperative awareness would not include:ⁱ

- *The period of time just prior to the anesthetic completely taking effect or as the patient is emerging from anesthesia.*
- *When sedatives are administered during a local or regional anesthetic (such as a nerve block, spinal or epidural). In these cases, it is expected that patients will have some recollection of the procedure.*
- *Patients who receive sedation, and not general anesthesia, for procedures outside of the operating room. This can include dental procedures, upper GI endoscopies, and colonoscopies. Awareness is not unusual for these procedures.*

The proposal for these codes was crafted to be consistent with the information in the ASA [Practice Advisory for Intraoperative Awareness and Brain Function Monitoring](#). It also demonstrates ASA’s commitment to patients as described on the [“When Seconds Count”](#) page on our website

“Over the past century, physician anesthesiologists have advanced patient safety through innovative research, science and technology advancements. Whether in the operating room, procedure room, intensive care unit or pain clinic, physician anesthesiologists are committed to delivering the safest medical care that every patient deserves before, during and after surgery.”

ⁱ http://www.cdc.gov/nchs/data/icd/icd_topic_packet_sept_181913.pdf