



AWARENESS



ADVOCACY



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New ICD-10 Code for POTS

Dear Providers,

The Center for Disease Control and Prevention committee that oversees ICD-10 terminology in the US has adopted the first unique diagnostic code for postural orthostatic tachycardia syndrome (POTS), effective October 1, 2022.

The new POTS code is G90.A. G90 is the section of ICD-10 that includes disorders of the autonomic nervous system. POTS is one of the most common disorders of the autonomic nervous system, impacting millions of Americans.

Beginning October 1, 2022, please use the G90.A code to document the diagnosis of POTS. Widespread adoption of the G90.A code to document a POTS diagnosis will facilitate research at the national level, giving us the ability to better understand the epidemiology of POTS, utilization of healthcare resources, the evolution of the illness over time, and many other aspects of health records research.

Many providers are not familiar with POTS. To support the accurate diagnosis of POTS and improve access to high-quality POTS clinical care, Dysautonomia International offers free educational resources on our website for clinicians who would like to learn more.

The current consensus criteria required to make a diagnosis of POTS are as follows:

1. A sustained heart rate increment of not less than 30 bpm within 10 minutes of standing or head-up tilt. For individuals who are 12 to 19 years old, the required heart rate increment is at least 40 bpm; and
2. An absence of orthostatic hypotension (i.e. no sustained systolic blood pressure drop of 20 mmHg or more); and
3. Frequent symptoms of orthostatic intolerance during standing, with rapid improvement upon return to a supine position. Symptoms may include lightheadedness, palpitations, tremulousness, generalized weakness, blurred vision, and fatigue; and
4. Duration of symptoms for at least 3 months; and
5. Absence of other conditions explaining sinus tachycardia such as anorexia nervosa, primary anxiety disorders, hyperventilation, anemia, fever, pain, infection, dehydration, hyperthyroidism, pheochromocytoma, use of cardioactive drugs (e.g. sympathomimetics, anticholinergics) or severe deconditioning caused by prolonged bed rest.

Additional Resources

NIH Expert Consensus Meeting Report on POTS: Part 1: pubmed.ncbi.nlm.nih.gov/34144933

Part 2: pubmed.ncbi.nlm.nih.gov/34246578

Evaluation of POTS: [autonomicneuroscience.com/article/S1566-0702\(18\)30015-8/fulltext](https://autonomicneuroscience.com/article/S1566-0702(18)30015-8/fulltext)

Pharmacotherapy for POTS: [autonomicneuroscience.com/article/S1566-0702\(18\)30025-0/fulltext](https://autonomicneuroscience.com/article/S1566-0702(18)30025-0/fulltext)

Autonomic Disorders Video Library: vimeo.com/dysautonomia

Dysautonomia International: dysautonomiainternational.org

Thank you for your assistance in ensuring POTS diagnoses are accurately represented in medical records.

Sincerely,

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