

## Internal Medicine Coding Alert

### 2002 Update: Asthma and Menopause Top the List of Diagnosis Code Changes for 2002

There are 83 changes to the 2002 edition of the ICD-9-CM manual that affect internists, according to statistics compiled by the American Medical Association. Diagnosis codes for several respiratory conditions, menopause and mammograms are among the most important for internists to note. Diagnosis code changes, additions and deletions went into effect on Oct. 1, 2001. However, payers have until Jan. 1, 2002, to update their payment systems.

#### Unspecified Asthma Not a Catchall

When diagnosing asthma patients, internists now have the option of labeling the patient's condition as unspecified. The description for the "zero" in the fifth-digit subclassification for the asthma subcategory 493 has been revised to read "without mention of status asthmaticus or acute exacerbation or unspecified." (Revisions are in italic.)

If a patient is diagnosed with extrinsic asthma, for example, internists now have a choice of reporting diagnosis code 493.01 if the patient's condition is status asthmaticus, 493.02 if the condition is acute exacerbation, or 493.00 for an unspecified condition. While this change may make it easier for internists to quickly report a generic diagnosis without fear of payer rejection, internists should not get in the habit of just reporting the unspecified condition.

"I'm afraid that internists will use 493.00 when the patient really has acute asthma," says **Sherry Straub**, manager of coding at Esse Health, a multispecialty practice with 30 internists in St. Louis. "If the internist doesn't know, put zero. But you should know, and it shouldn't be used as a catchall. Status asthmaticus or acute exacerbation are really quite different than being stable."

There are changes to other respiratory conditions as well. Two new codes have been added to distinguish between laryngitis without mention of obstruction (464.00) and laryngitis with obstruction (464.01). A new subcategory has also been created for supraglottitis (464.5). A fifth-digit subclassification is required with this subcategory, and internists will have to distinguish between supraglottitis without mention of obstruction (464.50) or supraglottitis with obstruction (464.51).

#### Diagnosis for Premature Menopause

Two new codes were established for diagnoses related to ovarian failure. Premature menopause should now be reported with 256.31. Other ovarian failures such as delayed menarche and ovarian hypofunction should be reported with 256.39.

"Code 256.31 should be used to report naturally occurring premature menopause," Straub says. "Some internists may confuse this code with 627.4 (menopausal and postmenopausal disorders, states associated with artificial menopause), which refers to menopause that was caused by artificial means such as a surgical procedure like a hysterectomy."

In addition, V49.81 (postmenopausal status, age-related, natural) has been revised to exclude 256.31. "The V code should be used as a status code, when the patient has no symptoms," Straub explains. "Code 256.31 should be used with patients who have premature menopause and are exhibiting symptoms such as hot flashes."

New diagnosis codes that will be used primarily with female patients include abnormal mammogram, unspecified (793.80) and mammographic microcalcification (793.81).

Other changes include four new codes for various types of constipation (564.00-564.09) and a new code for acute

esophagitis (530.12). Two new diagnoses have been added for contact dermatitis and eczema due to a second-degree sunburn (692.76) and third-degree sunburn (692.77). Finally, three new codes were added for stress fractures: 733.93 (stress fracture of tibia or fibula), 733.94 (stress fracture of the metatarsals) and 733.95 (stress fracture of other bone).

### **Mandatory Implementation Is Jan. 1, 2002**

The Medicare Catastrophic Coverage Act of 1988 requires internists, as well as all other physicians, to submit diagnosis codes when billing for services provided to Medicare beneficiaries. Medicare has designated ICD-9 as the coding system that physicians must use. Most private insurance companies have also adopted the system.

While the code revisions officially go into effect on Oct. 1, 2001, CMS gives providers until Jan. 1, 2002, to implement the codes, says **Jim Stephenson**, president of North Central Medical Management, a multispecialty medical billing company in Elyria, Ohio. "This allows providers and payers ample time for transition," Stephenson says.

Because many local carriers and private payers do not update their computer systems until the beginning of the year, internal medicine practices may want to delay implementation of the codes to avoid denials. "Private payers are almost never ready until January," Straub says. "Also it takes a while for most carriers to update the covered diagnoses lists for their local medical review policies. Our practice doesn't upload the new codes until Jan. 1."

The following list of new and revised diagnosis codes commonly used in internal medicine can be available online at [www.hcfa.gov/pubforms/transmit/AB0191.pdf](http://www.hcfa.gov/pubforms/transmit/AB0191.pdf).

### **New Diagnosis Codes**

These diagnosis codes were added to the ICD-9 manual for 2002:

1. 256.31 premature menopause
2. 256.39 other ovarian failure (delayed menarche, ovarian hypofunction, primary ovarian failure NOS)
3. 464.00 acute laryngitis without mention of obstruction
4. 464.01 acute laryngitis with obstruction
5. 464.50 supraglottitis, without mention of obstruction
6. 464.51 supraglottitis, with obstruction
7. 530.12 acute esophagitis
8. 564.00 constipation, unspecified
9. 564.01 slow transit constipation
10. 564.02 outlet dysfunction constipation
11. 564.09 other constipation
12. 692.76 sunburn of second degree
13. 692.77 sunburn of third degree
14. 733.93 stress fracture of tibia or fibula
15. 733.94 stress fracture of the metatarsals
16. 733.95 stress fracture of other bone
17. 793.80 abnormal mammogram, unspecified
18. 793.81 mammographic microcalcification
19. 793.98 other abnormal finding on radiological examination of breast.

### **Revised Diagnosis Codes**

These codes have had a change in terminology in the ICD-9 manual for 2002:

20. 256.3 (other ovarian failure) was revised to read that code 627.4 must be used for states associated with artificial menopause.
21. 476.1 (chronic laryngotracheitis) was revised to exclude new codes for acute or unspecified laryngitis and supraglottitis (464.00-464.51).

22. 478.79 (other disease of larynx, not elsewhere classified, other) was revised to exclude ulcerative laryngitis (464.00-464.01).
23. 491.21 (chronic bronchitis with acute exacerbation) was revised to exclude new code for chronic obstructive asthma with acute exacerbation (493.22).
24. 493 (asthma) was revised to specify that a fifth digit of "0" can be used for diagnosis of acute exacerbation or unspecified asthma.
25. 493.2 (chronic obstruction asthma) was revised to exclude acute bronchitis (466.0)
26. 558 (other and unspecified noninfectious gastroenteritis and colitis) was revised to include the term "unspecified."
27. 558.9 (other and unspecified noninfectious gastroenteritis and colitis) was revised to exclude diarrhea, diatetic and noninfectious.
28. 692.7 (contact dermatitis and other eczema due to solar radiation) was revised to exclude sunburn due to other ultraviolet radiation exposure (692.82).
29. 692.71 (contact dermatitis and other eczema due to solar radiation, sunburn) was revised to include first-degree sunburn and sunburn NOS.
30. 692.72 (acute dermatitis due to solar radiation) was revised to exclude new codes for dermatitis due to sunburn (692.76 and 692.77).
31. 692.82 (dermatitis due to other radiation) was revised to include tanning bed.
32. 692.89 (dermatitis, other) was revised to exclude new codes for dermatitis due to sunburn (692.76 and 692.77).
33. 706.3 (seborrhea) was revised to exclude seborrheic dermatitis (690.10) and seborrheic keratosis (702.11-702.19).
34. 787 (symptoms involving digestive system) was revised to exclude new codes for constipation (564.00-564.09).
35. 787.9 (other symptoms involving digestive system) was revised to exclude new codes for constipation (564.00-564.09).
36. V49.81 (other specified conditions influencing health status, postmenopausal status) was revised to exclude new code for premature menopause (256.31).