

Internal Medicine Coding Alert

2003 ICD-9 Update

Small Changes in Digits Add Up to Big Changes in Coding

ICD-9 coding changes that affect internists may not appear major, but even minor alterations can have a momentous impact on reimbursement. Forget to tack on new fourth and fifth digits required for coding heart disease and other conditions, and your claims may be denied.

You have some time before you must begin using the new diagnosis codes, but coding experts recommend that you begin updating your superbills and computer system now to ensure you make all the changes and educate staff in your office on the revisions by the time implementation is required.

"These codes take effect Oct. 1, but Medicare gives you a grace period of three months to begin using them," says **Kathy Pride, CPC, CCS-P, HIM**, applications specialist with QuadraMed, a national healthcare information technology and consulting firm based in San Rafael, Calif.

Many offices wait until Jan. 1 to begin using the codes. While Medicare accepts the new codes beginning in October, when the federal fiscal year begins, most private payers will not update their systems to accept the new codes until calendar year 2003. Offices may experience rejections if they begin using the new codes with their private payers this fall, says **Sherry Straub, RHIT, CCS, CCS-P**, coding and compliance manager at Esse Health, a multispecialty practice in St. Louis.

Key changes affecting internal medicine offices for 2003 include:

1. Heart failure (428.xx)

ICD-9 adds new fourth and fifth digits to report more specific types of heart failure. Use a new code range 428.20-428.43 to describe systolic versus diastolic heart failure and whether the heart failure is acute, chronic, or acute on chronic. "Coders will need to seek more specific information regarding patients with heart failure to code to the greatest level of specificity," Straub says.

Code 428.0 remains a valid code for congestive heart failure, but the word "unspecified" has been added to the description. Use this code only when you cannot pinpoint the type of CHF. 428.9 remains the code for unspecified heart failure that is not necessarily congestive, but Straub says this code should be used infrequently and only when you have no additional information available to assign a more specific code.

2. Hypertensive heart disease (402.xx) and hypertensive heart disease in conjunction with renal disease (404.xx)

ICD-9 has removed the word "congestive" from the description in these codes. That term is no longer needed because you are now required to code the specific type of heart failure (using the new, more descriptive codes in the 428 series) as an additional diagnosis with codes in the 402 and 404 series, Straub says.

3. Late effects of cerebrovascular disease (438.xx)

ICD-9 has expanded this category several times over the past few years to better report residual effects following a cerebral infarction or cerebrovascular accident (CVA). Five more codes are added in 2003: 438.6 for alterations of sensations, 438.7 for disturbances of vision, 438.83 for facial weakness, 438.84 for ataxia, and 438.85 for vertigo.

"Note that these codes are only to be used if the condition is related to a past cerebrovascular event," Straub says. "Continue to use existing symptom codes for these conditions if not related to a cerebrovascular event." When using 438.6 and 438.7, you should also use a second code to describe the specific alteration or disturbance, according to ICD-9 addenda notes.

4. Dissections of arteries (443.2x)

ICD-9 includes a new code range (443.21-443.29) for dissection of major arteries, including the carotid, iliac, renal and vertebral arteries.

5. Atheroembolism (445.xx)

A new code has been added for thromboembolisms. Use the code range 445.01-445.89 to specify thromboembolism by site, including extremities, kidney and other.

6. Varicose veins (454.x)

ICD-9 changes this category to make identification of patients with varicose veins more specific. Use a new fourth digit (454.8) to report "other" complications in patients with varicose veins in the lower extremities. "Previously, the only complications mentioned were ulcer and inflammation," Pride says. 454.9 was also revised to include the word "asymptomatic." Use this code to report patients with varicose veins who have no symptoms. Previously there was no code specifically for asymptomatic patients.

7. Postphlebotic syndrome (459.1x)

Code 459.1 now requires a fifth digit to describe whether the patient has other problems associated with postphlebotic syndrome, such as ulcer (459.11), inflammation (459.12), ulcer and inflammation (459.13) or other complications (459.19).

8. Chronic venous hypertension (459.3x)

ICD-9 adds a new fourth digit with required fifth digit to report chronic venous hypertension, or hypertension of a vein, which can develop into venous insufficiency with resulting ulcers. Use 459.30 for chronic venous hypertension without complications. The other new digits document complications accompanying this disease, including ulcer (459.31), inflammation (459.32), ulcer and inflammation (459.33), and other specified complications (459.39).

9. Other general symptoms (780.9x)

Code 780.9, often used in internal medicine offices as a catchall code for general symptoms such as chills, generalized pain or memory loss, now requires a fifth digit. Two of the new fifth-digit codes will be used primarily in pediatrics to

describe "fussy" babies (780.91) and "excessive crying" in infants (780.92). However, internists should note that 780.99 replaces 780.9 as the proper code for general symptoms.

10. Abnormal Pap smear (795.xx)

Code 795.0 is invalid in 2003. Coders should add a fifth digit (code range 795.00-795.09) to specify the type of abnormal Pap smear. This will affect internists who provide gynecological care, including Paps, to their patients. While the physician's office doesn't run the lab tests on Pap smears laboratories do that and provide results back to the physician internal medicine coders and physicians will use a code from the 795 series as the diagnosis when a patient returns for a repeat Pap smear due to an abnormality. "They need to know that they need that fifth-digit diagnosis code," Pride says.

11. Menopausal and postmenopausal disorders (627.xx and V49.81)

ICD-9 now differentiates between symptomatic and asymptomatic menopausal and postmenopausal disorders. The word "symptomatic" has been added to 627.2 and 627.4, and "asymptomatic" has been added to V49.81. While a small change, Pride says it is "pretty significant" for internists and others ordering tests or procedures. For example, an internist ordering a bone density test on a woman may want to indicate she is in menopause to show medical necessity for the test. V49.81 provides a diagnosis for that without indicating that the woman has problems associated with menopause.

12. Exposure to anthrax, other communicable diseases, biological agents (795.31, V01.8x)

As a result of the Sept. 11 terrorism and the anthrax scare that followed, several new codes were introduced. 795.31 is a new code for laboratory use to report "nonspecific positive findings for anthrax." New fifth digits have been added to V01.8 to specify exposure to biological agents and communicable diseases.

Use V01.81 for anthrax exposure or V01.89 for exposure to other communicable diseases. If a patient is being observed and evaluated for suspected exposure to anthrax, use another new code, V71.82. Use new code V71.83 to report observation and evaluation after exposure to another biological agent. These new codes do not change reporting for patients diagnosed with anthrax; use existing diagnosis codes in the 022.0-022.9 range in those cases. "There's a difference between being exposed to anthrax and actually having the disease," Straub explains.

13. Aftercare codes (V54.xx, V58.xx)

ICD-9-CM has finally added more V codes to describe aftercare for fractures and procedures. Internists who do X-ray follow-up of fracture patients after healing or provide follow-up for patients after surgery may use these codes for care after the global period has ended. For example, a patient who had joint replacement sees the internist after convalescence to initiate physical therapy. Use codes V54.10-V54.89 for fracture aftercare, and V58.42-V58.78 for surgical aftercare.

14. Oxygen dependence (V46.2)

A new code (V46.2) has been created to describe patients who are dependent on supplemental oxygen, carrying it with them at all times. This code would typically be used as a secondary, not primary, diagnosis code to show the severity of the patient's emphysema or other illness, Straub says.

15. Toxic shock syndrome (040.82)

ICD-9 finally has a specific code for this sometimes fatal condition, which first made headlines in the 1970s.

16. West Nile fever (066.4)

ICD-9 now includes a specific code for this mosquito-borne disease, which was first documented in the Western Hemisphere in 1999 and continued to spread in the United States during summer 2002.

