Internal Medicine Coding Alert

Don't Lose Sleep Trying to Fathom New Sleep-Problem Codes

CMS creates 21 new ICD-9 codes that you'll need to learn by Oct. 1

CMS' new and revised sleep-disorder ICD-9 codes give you a mixed bag - you have more unspecified codes to work with, you get the welcomed specificity added to breathing-related codes, and the new series 327.xx may offer a confusing amount of detail.

Here's what to expect when the changes take effect Oct. 1:

5 Sleep Disturbance Codes Become Unspecified

Many of the new ICD-9 codes are for sleep and breathing disorders. The update revises sleep apnea codes 780.51-780.57 to clarify that they cover only "unspecified" apnea cases.

You know to avoid unspecified codes like the plague. The new ICD-9 will move five 780.xx codes into this designation.

The nitty-gritty: Two codes (780.52 and 780.54) will go from "other specified" codes to "unspecified" codes. Code 780.57 will become entirely unspecified. Two codes (780.51 and 780.53) that now have specific descriptors, such as "hypersomnia with sleep apnea," will change to unspecified codes. On Oct. 1, 780.53 will read "hypersomnia with sleep apnea, unspecified." (See full descriptors in "Use This Handy Chart to Update Your Current Sleep-Disorder Diagnoses" later is this issue.)

New Series Offers More Detail

For specific diagnoses, you'll look to 327.01-327.29. The new series - located in the Nervous System and Sense Organs chapter - goes into much more detail about types and causes of insomnia, hypersomnia, sleep apnea and other breathing issues. "I'm glad to have new codes because they will offer more specificity," says **LeeAnn Greenough, CPC**, a coder at North Fulton ENT Associates in Roswell, Ga.

Example: The new ICD-9 will allow you to specify whether a patient with idiopathic hypersomnia (now coded as 780.54, Other hypersomnia) has long sleep (327.11, Idiopathic hypersomnia with long sleep time) or doesn't (327.12, ... without long sleep time).

You'll also be able to use the new sleep disturbance codes for patients who have sleeping problems because of other reasons.

"If a patient can't sleep due to anxiety or depression, you can use 327.01 (Insomnia due to medical condition classified elsewhere) or 327.02 (Insomnia due to mental disorder)," says **Daniel S. Fick, MD,** director of risk management and compliance at the University of Iowa in Iowa City. Code the mental disorder first.

327.xx Doesn't Align ICD-9 With AASM

If you're holding your breath that the new code series (327.xx) will make coding correlate with medical sleep disorder diagnoses, the new ICD-9 isn't the answer to your prayers.

"I find it interesting these codes are coming out when the American Association of Sleep Medicine (AASM) has their new book (International Classifications of Sleep Disorders) at press or released," says **Jill Young, CPC**, an AAPC National Advisory Board member and president of Young Medical Consulting in East Lansing, Mich. The Academy has been

working with National Center for Health Statistics staff (cosponsors of the ICD-9-CM Coordination and Maintenance Committee) to bring the ICD up-to-date with the current classification of sleep disorders.

Problem: The new ICD-9 codes may actually be too detailed. Rather than offering a straightforward "obstructive sleep apnea" diagnosis (now lumped under 780.53, Hypersomnia with sleep apnea), you will have to choose "obstructive sleep apnea (adult) (pediatric)" (new code 327.23).

The commonly diagnosed "central sleep apnea" (780.51, Insomnia with sleep apnea) becomes either "primary central sleep apnea" (327.21) - as the main problem - or "central sleep apnea in conditions classified elsewhere" (327.27).

For "obesity hypoventilation syndrome" (now classified as 780.51), the new ICD-9 will offer "sleep-related hypoventilation/hypoxemia in conditions classifiable elsewhere" (327.26).