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Internal Medicine Coding Alert

ICD-9 Update: Why Location Now Matters to Your Decubitus Ulcer Coding

You'll also have more specific DVT, protein codes to use

Beginning Oct. 1, your internist can reduce denials and justify multiple procedures when treating decubitus ulcers, thanks to nine new ICD-9 codes that specify the ulcer's site.

The Centers for Disease Control and Prevention and CMS recently unveiled 2005's ICD-9 codes, which include the new five-digit ulcer codes (707.00-707.09). And payers no longer allow a coding grace period, so you should update your superbills by Sept. 30, 2004.

"Physicians were having difficulty prior to this release because they were treating different [ulcer] sites," says **Mary I. Falbo, MBA, CPC,** president of Millennium Healthcare Consulting in Landsdale, Pa. Now, when physicians treat different sites, they are limited to assigning only 707.0 (Decubitus ulcer).

5th Digits Are Key to New ICD-9 Codes

To ensure your practice accurately reports the updated ulcer codes, make sure you pay careful attention to the new codes' fifth digits. They allow your internist to report diagnoses with specific information regarding site and severity, which may help support a higher level of service, Falbo says.

For example, the physician treats a difficult ulcer on the patient's buttock and heel, and a less complicated ulcer on the elbow, Falbo says. The internist debrides partial-thickness skin on the elbow, and full-thickness skin on the heel and buttock. He sends you the chart, and you contemplate the best way to show the insurer why you performed two types of debridement.

Old way: Because previous ICD-9 editions listed only one decubitus ulcer code (707.0), you probably reported 11040 (Debridement; skin, partial thickness) and 11041 (... skin, full thickness) and linked both to 707.0. Practices often fought denials for these services because, without your internist's operative report, insurers failed to understand why the physician performed two debridement procedures for one bedsore.

New way: Starting Oct. 1, the internist could use 707.07 (...heel), 707.05 (...buttock) and 707.01 (...elbow) to describe the different ulcers. Coders will specify the separate bedsore sites to demonstrate medical necessity. You should report 11040 (... partial thickness) with 707.01, 11041 (... full thickness) with 707.05, and 11041 with 707.07.

Ulcer Doesn't Have a Code? No Problem

Remember that "unspecified site" differs from "other site," says **Anne Crandall, LPN,** office manager at Spine and Sports PC in Memphis, Tenn. In other words, your internist will report 707.00 (Decubitus ulcer, unspecified site) and 707.09 (... other site) to represent completely different diagnoses.

What to do: If the physician doesn't dictate the ulcer's site, and you have no other information about the sore, you could report 707.00, Crandall says. On the other hand, when the physician treats an ulcer on a patient's calf, you should use 707.09 because that ulcer doesn't have its own code, she says.

New DVT, Protein Codes Make Debut

Also new for 2004-2005 are three new venous embolism codes. These better clarify deep vein thrombosis, which occurs

in patients with diabetes (250.xx) and hypertension (401.x).

The following three codes are more specific than 453.8 (Other venous embolism and thrombosis; of other specified veins), which internists previously used for this diagnosis:

1. 453.40 - Venous embolism and thrombosis of unspecified deep vessels of lower extremity

2. 453.41 - Venous embolism and thrombosis of deep vessels of proximal lower extremity

3. 453.42 - Venous embolism and thrombosis of deep vessels of distal lower extremity.

You should also watch out for new code 790.95 (Elevated C-reactive protein [CRP]), Falbo says. This code is important because new research shows that high levels of C-reactive protein may be a good predictor of heart disease, she says.

To review a full listing of the new ICD-9 codes, visit the CMS Web site at www.cms.hhs.gov/medlearn/icd9code.asp#coding.