

Internal Medicine Coding Alert

Make the New ICD-9 Codes Work for You

Using 600.0 for BPH? Not for long

You will finally have a code to specify whether a patient's prostate enlargement involves urinary obstruction - thanks to new ICD-9 codes that took effect Oct. 1.

Seven major diagnostic additions and revisions will simplify coding and provide solutions for many previously overlooked internal medicine practice diagnoses.

Review the following expert advice on how to use the ICD-9 changes and get your deserved reimbursement.

1. 600.0 Requires a Fifth Digit

The top ICD-9 2004 code change will alter your prostatic hypertrophy coding. Starting Oct. 1, if you submit 600.0 (Hyperplasia of prostate; hypertrophy [benign] of prostate), payers will deny the code as nonspecific.

"Due to the frequency with which physicians treat prostatic hypertrophy, the added specification of the prostatic hypertrophy series (600.x) is definitely one of the top ICD-9 2004 diagnostic changes," says **Daniel S. Fick, MD**, director of risk management and compliance for the College of Medicine faculty practice at the University of Iowa in Iowa City.

"Benign prostatic hypertrophy (BPH) now requires specifying whether urinary obstruction exists," Fick says. For BPH without urinary obstruction, you should report a fifth-digit subclassification of 0 (600.00, Hypertrophy [benign] of prostate without urinary obstruction). "On the other hand, if the prostate enlargement blocks the urethra, you should use a fifth digit of 1 (600.01, ... with urinary obstruction)," he says.

2. X Out the Last Digit From 719.7x

The ICD-9 code revision for difficulty walking (719.7x, Other and unspecified disorders of joint; difficulty in walking) will require eliminating the fifth digit, rather than adding one. "ICD-9 2004 collapses the difficulty walking code from multiple codes to a single code," says **Kent J. Moore**, manager of Health Care Financing and Delivery Systems for the American Academy of Family Physicians in Leawood, Kan. If you eliminate the fifth-digit categories, 719.70-719.79, it will allow you to use a diagnosis of difficulty in walking (719.7) without specifying the affected site, such as ankle and foot (719.77), he says.

3. Use 3 New Symptom Codes

Other changes include several new signs and symptoms codes for urgency of urination (788.63), facial weakness (781.94) and decreased libido (799.81). "These new codes will prove invaluable for describing encounters that do not result in a definitive diagnosis," says **Jaime Darling, CPC**, certified coder for Graybill Medical Group in Escondido, Calif. Without a definitive diagnosis, ICD-9 guidelines require reporting the sign and/or symptoms, she says.

For instance, when a lab test result is unavailable or negative, you should report the reason that prompted the test. But what if no code describes the patient's symptom?

Because no ICD-9 code previously existed for urgent urination, explaining the encounter stumped many coders. ICD-9 2004, however, introduces 788.63 (Urgency of urination), which solves the coding dilemma.

Suppose a female patient complains of urgent urination. The in-office test (such as 81002, Urinalysis, by dipstick or

tablet reagent ...; non-automated, without microscopy) is negative, so the physician sends the urine sample to a lab (99000, Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory) for further testing. The internist cannot make a conclusive diagnosis regarding the patient's underlying condition. In this case, starting Oct. 1, you should use 788.63, Darling says.

ICD-9 2004 also adds a code for facial weakness (781.94). "The new code will come in handy when testing for neurological conditions that do not result in a definitive diagnosis," Darling says.

For example, an internist performs neurological tests for a facial disorder but cannot make a confirmed diagnosis. After Oct. 1, you should use 781.94 to describe the patient's facial weakness symptom.

"Another new code whose time has been long overdue is 799.81 for decreased libido," Darling says. Internists "often don't have all the training to diagnose a patient with a mental or psychosexual disorder."

External and internal influences on a patient's life, such as stress, reaction to medication, or gynecological problems, sometimes cause a lower libido.

Therefore, internists may refer the patient to a specialist, such as a psychiatrist or ob-gyn, for further evaluation. In this case, because the physician doesn't yet know if a medical or psychological problem exists, you would bill 799.81, Darling says.

4. Stick to V04.81 for Flu Shots

Make sure you note the revised influenza vaccine code (V04.81, Need for prophylactic vaccination and inoculation against certain viral diseases; influenza), which now requires a fifth digit. If you report V04.8 this fall for flu inoculations, you'll waste the season resubmitting claims. To prevent refiling hassles, update your flu vaccine diagnosis to contain a fifth digit of 1.

5. Watch for Emergency Contraception Code

If your internist sees women who need emergency contraception counseling and prescription, you will have new code V25.03 (Encounter for contraceptive management; general counseling and advice; encounter for emergency contraceptive counseling and prescription) to describe the encounter. "This new code will come in handy for adolescents who require emergency contraception," says **Jeffrey Linzer Sr., MD, MICP, FAAP**, representative to the ICD-9-CM editorial advisory board.

For instance, 24 hours after having sexual intercourse in which the condom broke, a 16-year-old female presents for emergency contraceptive counseling and prescription. You previously had to use V25.09 (Encounter for contraceptive management; other) to report the visit, Linzer says. Starting Oct. 1, you should use the more specific code V25.03.

6. Use New Insulin-Pump V Codes

Internists who have patients with insulin-pump implants will benefit from several new codes describing related encounters. "Because these implants are becoming more and more popular among teens, ICD-9 2004 creates several V codes to accurately report insulin-pump-related encounters." Linzer says.

For instance, if your physician instructs a diabetic patient how to use the equipment, you will have V65.46 (Other counseling, not elsewhere classified; encounter for insulin pump training). Other new codes include V53.91 for fitting (Fitting and adjustment of insulin pump) and V45.85 for checkups (Other postsurgical states; insulin pump states), he says.