

Part B Insider (Multispecialty) Coding Alert

ICD-9 CHANGES: Capture Renal Disease Details Or Kiss Reimbursement Goodbye

Sleep disorders gain raft of new codes for different causes and types

Diagnosis coding continues to become more specific, and the 2006 update to the ICD-9-CM codes continues that process.

For example, instead of just stating chronic renal failure or end-stage renal disease, the new codes now require physicians diagnosing chronic kidney disease to specify where it falls in stages I through V (585.1-585.5).

The move towards greater specificity "means that not only are the coders concerned with the impact of the changes, but the physicians need more education as well," says **Marcella Bucknam**, HIM Coordinator with **Clarkson College** in Omaha, NE. For example, the kidney disease coding requirements will call for "more and better documentation by physicians." If you can't capture information about the patient's stage of disease, you won't receive "the maximum reimbursement for the services provided."

Adding specificity to diagnosis coding "is very much a conscious effort," says **Amy Blum** with the **National Center for Health Statistics** at the **Centers for Disease Control and Prevention**, which design the ICD-9 codes. In the case of kidney disease, the NCHS planned simply to have a specific focus on end stage renal disease (ESRD), but ended up incorporating stages of the disease as the most current knowledge dictates.

More changes: You used to be able to state a diagnosis of dehydration, but starting in October physicians will have to distinguish between unspecified volume depletion (276.50), dehydration (276.51) and hypovolemia (276.52). "Most of the time in oncology, we want to track 'dehydration,' but since the old descriptor included multiple conditions, it could not be tracked as well," notes **Cindy Parman** with **Coding Strategies** in Powder Springs, GA.

A lot of the new ICD-9 codes have to do with sleep and breathing disorders. The update revises sleep apnea codes 780.51-780.57 to clarify that they cover only "unspecified" apnea cases. For other cases, you'll have to deal with 327.01-327.29, which go into much more detail about types and causes of insomnia, hypersomnia, sleep apnea and other breathing issues. Sleep disorders may play into other conditions, so it should be helpful to track them, notes Parman.

The change also means pulmonologists, internists and other family physicians will have to identify more specific types of sleep problems, as well as sleep apnea and obstructive or non-obstructive hypoventilation, says Bucknam. And code 327.22 (High altitude periodic breathing) will be useful in billing a new CPT code for high altitude testing, she adds.

Surgeons performing gastric bypass operations will welcome a new diagnosis code for "overweight" (278.02) as well as new codes for body mass index (V85.0-V85.4). Insurers will also be able to set guidelines for the point at which they feel gastric bypass procedures stop being cosmetic and start being medically necessary," Bucknam notes.

Orthopedists dealing with prosthetics and orthotics will welcome new codes for complications and infections around prosthetic joints and orthopedic devices (996.40-996.49). And the update includes new codes for nonproliferative diabetic neuropathy from mild to severe, or "NOS" (362.03-362.07).

Finally, if you can't find the proper code and it drives you to tears, you may be able to use 780.95 (Excessive crying) to describe your own condition, notes Parman

