

Part B Insider (Multispecialty) Coding Alert

ICD-9 CODES: New Torsion, Mental Status Codes May Help You Reap Reimbursement

Start mastering the new ICD-9 Codes now

With new ICD-9 codes on the horizon, your prognosis may include more reimbursement--if you learn how to use the new codes in these areas:

- **Pain coding.** Until the introduction of the new pain section (338.x), you've never had a way to describe "significant" pain, says **Marcella Bucknam**, coding manager for the **University of Washington's** physician group in Seattle. That includes pain that is outside what you'd expect, or requires extra treatment such as joint injections or pain service visits, explains Bucknam.

The ability to code for acute or chronic postoperative pain will be useful for several different purposes, says **Jackie Miller**, senior consultant with **Coding Strategies** in Powder Springs, GA. For example, you can use these codes to justify a pain management consultation, admitting a patient postoperatively or prolonging the patient's hospital stay.

- **Torsion coding.** If your surgeon performs an appendectomy along with another procedure, you often can't justify billing separately for the appendectomy. But now you'll be able to use the new torsion of the appendix codes (608.23-608.24) to describe the reason for the extra appendectomy, says Bucknam.

- **Altered mental status.** Physicians often perform an MRI of the brain due to altered mental status, and currently you have to use 780.99 (Other general symptoms) to explain this procedure. Starting in October, you'll be able to use 780.97 (Altered mental status), and carriers may cover the procedure more often, says Miller.

- **Complications of pregnancy.** The new section on pregnancy complications (649.x) will be invaluable for family medicine, obstetrics, and maternal and fetal medicine physicians. Carriers are increasingly demanding codes that describe specifically why a pregnancy needed more visits and more care, says Bucknam.

- **Bariatric surgery status.** This new code (V45.86) will help to point out an important factor in many patients' health, says Bucknam.

- **Takotsubo syndrome.** Cardiologists and radiologists are documenting this condition more and more frequently, but they haven't had a good way to report it, until the introduction of new code 429.83, says Miller.