

Part B Insider (Multispecialty) Coding Alert

ICD-9 CODING QUIZ: Upgrade Your Diagnosis Coding Skills Before the New ICD-9 Codes Hit

4 questions reveal whether you're ready for the new dx codes.

October 1 is just around the corner, and that means you'll soon need to be up and running with the latest ICD-9 changes. Are you wondering where you should focus your time and energy?

Time-saver: This quiz on the new codes will help you determine whether you're on the right track, or if you need to work on your 2010 diagnosis coding know-how. **Know Neuroendocrine Codes Question 1:** Your surgeon sees a patient with a personal history of a malignant neuroendocrine tumor, which affects the surgeon's medical decision making for treatment. To support the higher-level medical decision making, what ICD-9 2010 diagnosis code will you report?

- A. V10.90
- B. V10.91
- C. V53.50
- D. All of the above.

Answer 1: B. The Oct. 1 changes add several "personal history of" codes. If your doctor sees a patient with a history of a malignant neuroendocrine tumor, you'll use V10.91 (Personal history of malignant neuroendocrine tumor). This new personal history code will allow you to give a broader picture of the patient and the medical decision making.

Find the Fracture Code Question 2: Your patient suffers from a torus fracture of the radius and ulna. Which code should you report for this diagnosis as of Oct. 1?

- A. 813.45
- B. 813.46
- C. 813.47
- D. None of these

Answer 2: C. You should report 813.47 (Torus fracture of radius and ulna) if the patient's fracture encompasses both the radius and ulna. If the patient only suffered a torus fracture of the ulna, you'd report 813.46. Code 813.45 (Torus fracture of radius) would apply if just the radius was broken.

Code Pulmonary Embolism Right

Question 3: After Oct.1, how will you report the diagnosis of a chronic pulmonary embolism?

- A. 416.2
- B. 415.11
- C. 415.12

D. 415.19

Answer 3: A. You'll report 416.2 (Chronic pulmonary embolism) when a patient with unexplained dyspnea or a history of pulmonary hypertension displays evidence of pulmonary embolism on a CT scan or pulmonary angiogram, without evidence of a recent event.

If the physician diagnosed an acute pulmonary embolism, you'd instead report 415.11 (Iatrogenic pulmonary embolism and infarction), 415.12 (Septic pulmonary embolism), or 415.19 (Pulmonary embolism and infarction; other).

Know the Brain Injury Codes

Question 4: A physician orders screening tests for a traumatic brain injury. Which V code should you report for the screening test as of Oct. 1?

A. V80.0

B. V80.01

C. V80.09

D. V80.12

Answer 4: B. Although you'd currently report V80.0 (Special screening for neurological, eye, and ear diseases; neurological conditions) for this service, that code will be invalid starting this October. Instead, you'll report V80.01 (Special screening for traumatic brain injury). In most cases, you'll pair it with the patient's symptoms (such as 780.4, Dizziness and giddiness, or 784.0, Headache).

You'd bill V80.09 (Special screening for other neurological conditions) if the doctor ordered the screening tests for a condition not specified by other, more specific diagnosis codes.