

## Part B Insider (Multispecialty) Coding Alert

### ICD-9 CODING: Sort Through the Diagnosis Coding Maze to Accurately Report Lyme Disease

**Don't let reimbursement slip through your fingers for this increasingly prevalent summertime illness**

According to the Centers for Disease Control and Prevention, Lyme disease (088.81) strikes about 20,000 times per year. Summer is the number one season when Americans are bitten by Lyme-infected deer ticks, although most practices don't see these patients until they have had the illness for several months and are experiencing symptoms.

Check out the following Lyme disease diagnosis coding tips to ensure that your practice is one step ahead when treating this illness.

#### Diagnosing Lyme Is Tricky

If a patient suspects that he has Lyme disease because he pulled a deer tick off of his skin recently, your physician will probably perform an evaluation and management (E/M) (99201-99215) to check for symptoms such as fever (780.6), a bull-s-eye rash (782.1), myalgias (729.1) and migratory arthralgias (719.4x).

The physician may also request a Lyme disease test (86617-86618). Most often, when you order the test you'll use the ICD-9 codes for the patient's symptoms, along with V73.5 (Special screening examination for tick-borne diseases).

#### Patients May Test Negative

In some cases, the patient's Lyme disease test may come back negative, even if the patient is infected with Lyme disease, so ultimately, the doctor may have to make a determination based on the clinical criteria, says **Allyson Wright** with **Joint Care, LLC**.

-If the patient is in the later stages of Lyme disease and presents with chronic symptoms but no recollection of a tick bite or a rash, the physician will most likely review the patient's symptoms carefully during an E/M and treat accordingly, -Wright says. After all, she explains, physicians often have to treat patients clinically based solely on their symptoms.

**For example:** In the late stage of the illness, the patient may present with neurological symptoms, such as confusion (293.x), memory loss (780.93), or an arthritis presentation, among other symptoms. This combined with earlier symptoms as described previously, may lead the physician to deduct that the patient has Lyme disease.

#### Code This Example

Firm up your Lyme disease coding skills by checking out this series of sample chart notes:

A patient presents to her physician with arthralgias, (719.4x), myalgias (729.1), headache (784.0), fatigue (780.7x), occasional stiff joints (719.5x) and joint soreness (719.4x), but does not recall having been bitten by a tick. The physician performs an E/M service (99201-99215) and suspects that she may have advanced Lyme disease.

He orders a Lyme disease test (86618), which comes out negative, but the physician still suspects Lyme disease. The physician begins treating the rheumatoid-like symptoms using a combination of NSAIDs, Plaquenil, and some physical therapy (97001-97546) to prevent straining and damage on the affected joints.

After about a year, the patient's symptoms begin to disappear, and the doctor performs another blood test to screen for

Lyme (86618), and this time, the test comes out positive, even though treatment is completed (which, according to Wright, happens in many cases).

The physician slowly takes the patient off of her medications and asks her to return for a follow-up visit (99212-99215) in six months or if she experiences any further symptoms of Lyme disease.