

## Part B Insider (Multispecialty) Coding Alert

### ICD-9: Diabetes Coding Will Become More Accurate In Late '08

New codes will distinguish between disease- and drug-related diabetes

**Hang in there:** The long-awaited new ICD-9 codes for secondary diabetes will have to wait until the 2009 update.

Secondary diabetes will receive its own category in 2009, **Sheri Bernard**, clinical staff member at **Ingenix**, revealed at the **American Academy of Professional Coders** 2007 conference in Seattle. Moreover, the subcategories for complications will mirror those for the existing 250.xx series of diabetes codes--which means coders will have lots of new codes to work with.

These codes should take effect Oct. 1, 2008, if all goes well, says **Amy Blum**, medical classification specialist with the **National Center for Health Statistics**, the part of the **Centers for Disease Control and Prevention** (CDC) that develops new ICD-9 codes.

-We're going to bring [the proposal] back to the September meeting- of the **ICD-9 Coordination and Maintenance Committee**, she says. This will be the fourth or fifth time the committee has considered secondary diabetes codes, she adds.

The CDC will propose two new categories for secondary diabetes, based on the disease cause, in 2009: 248.xx and 249.xx. One is for diabetes due to an existing condition, and the other is for diabetes due to a drug. This plan goes along with comments on the CDC's previous proposal, Blum notes.

**Heads up:** For 2008, meanwhile, you'll have 54 new codes for lymphoma, which allow you to specify the type of lymphoma as well as which body part it affects. (See PBI, Vol. 8, No. 14.) Categories include marginal zone lymphoma, mantle cell lymphoma, primary central nervous system lymphoma, anaplastic large cell lymphoma, large cell lymphoma and peripheral T-cell lymphoma.

**Good news:** -The addition of all these lymphoma coding options is indeed big news for oncology coders,- says **Cindy Parman**, co-owner of **Coding Strategies** in Powder Springs, GA. -Lymphoma is one of the most challenging medical conditions [to code], because the existing ICD-9-CM code descriptors do not match current medical terminology used by the physicians who treat these conditions,- she adds.

The ICD-9 categories for both lymphoma and leukemia are way outdated, says Blum. -There has been a lot of new knowledge and revision to the leukemia and lymphoma classification.- Terms for specific types of lymphomas -are now seen rather commonly in records that we did not have unique codes for.- So far, nobody has requested new codes for leukemia, she notes.

**More:** October's update also gives five-digit codes to some categories, like dysphagia or myotonic conditions, where before you only had three or four digits. In those cases, -we had a lot of conditions lumped together, and we just broke them out,- says Blum. More specific dysphagia codes will be useful to rehabilitation providers who work with a lot of post-stroke patients, she adds.

And the 2008 ICD-9 update also includes a number of new codes for family history and genetic predisposition for conditions. More and more patients come in for visits for these reasons, rather than because of any symptoms of their own, says Blum. -One of the hot topics is sudden cardiac death.- Many people with a family history of sudden cardiac death need the screening, she says.

