

Part B Insider (Multispecialty) Coding Alert

PART B CODING COACH: Get Ready Now for October's Urinary Diversion, Renal Disease Diagnosis Changes

Bonus: You'll have additional personal history V codes for next year.

In just a few months, you'll be faced with more than 350 ICD-9 changes. If you don't incorporate the changes into your coding that day, your practice could face denials and lost revenue. There are 311 new, 22 invalid, and 45 revised ICD-9 codes that take effect on Oct. 1, 2009. The following tips will help you determine which urology diagnosis codes might apply to your practice.

Every dollar -- and every productivity hour -- counts these days, so we've scoured the diagnosis code changes for you. Here's what you need to know to ensure you code urology diagnoses properly after Oct. 1.

Incorporate New Pouch Codes

If your physician uses the intestines for urinary diversion, there are two new ICD-9 diagnostic codes that you should pay attention to. "These two codes may relate to problems with urinary diversions such as an ileal conduit or abdominal pouches, the Kock, Indiana, or Miami pouches," says **Michael A. Ferragamo MD, FACS**, clinical assistant professor of urology, State University of New York, Stony Brook.

You can use new ICD-9 code 569.71 (Pouchitis) for an infection of the diversionary bowel reservoir. For other diversionary problems you'll be able to use new code 569.79 (Other complications of intestinal pouch).

"I'm glad they've finally come up with this," says **Elizabeth Hollingshead, CPC, CMC**, corporate billing/coding manager of Northwest Columbus Urology Inc. in Marysville, Ohio. While Hollingshead adds that she does not expect to have to use these new codes often, she's looking forward to being able to "paint a better picture of the issue" when she does code urinary diversion and abdominal pouch services or complications.

E and V Codes Face Changes

The 2010 edits don't pass by E codes or V codes, Ferragamo warns. If your urologist documents a surgical mishap -- hopefully an infrequent occurrence -- you'll have two new codes to turn to. ICD-9 2010 includes new codes E876.6 (Performance of operation [procedure] on patient not scheduled for surgery) and E876.7 (Performance of correct operation [procedure] on wrong side/body part).

"It's unfortunate that they had to come up with these codes, but they will be beneficial for tracking purposes," Hollingshead says.

Remember: You should use E codes to describe external causes of injuries or accidents. You should never bill E codes as your primary code, and you should always list the E codes last. It may be necessary to assign more than one E code to fully explain each cause. If your physician sees male infertility patients, there are two new ICD-9 codes that may be of interest to you, Ferragamo says: V26.42 (Encounter for fertility preservation counseling) and V26.82 (Encounter for fertility preservation procedure).

"I like that you're now able to add one diagnosis to a visit and a different one to the procedure," Hollingshead explains.

V code changes: The Oct. 1 changes also add three "personal history of" codes. Add V87.43 (Personal history of estrogen therapy), V87.45 (Personal history of systemic steroids), and V87.46 (Personal history of immunosuppressive therapy) to your diagnosis code choice arsenal. These new personal history codes are a welcome addition because they will allow

you to "give a broader picture of the patient and the medical decision making," Hollingshead explains.

There is a new laboratory ICD-9 code for preoperative laboratory studies: V72.63 (Pre-procedural laboratory examination). This new code "would seem to fit for an encounter to perform presurgical laboratory studies,"

Ferragamo explains. "These office laboratory studies may include a urinalysis, a urine culture and sensitivity, hemoglobin and hematocrit, or PSA determination, to name a few."

Renal Dx, Radiology Round Out Urology Changes

For physicians treating vascular renal disease or renal failure, and reviewing abnormal radiological and other studies, there are several revised ICD-9 codes to watch out for. "ICD-9 revised code 453.2 [Other venous embolism and thrombosis ... of inferior vena cava] is for embolism and thrombosis of the inferior vena cava, that one may see with extension of a renal cell carcinoma," Ferragamo explains. The October ICD-9 update also clarifies and updates acute kidney failure ICD-9 codes 584.5-584.9, and acute kidney failure after pregnancy with ICD-9 codes 639.3 and 669.3-669.34.

"I love it when they revise codes to make them more specific," Hollingshead says. "You can give a much clearer picture of what exactly is going on with the patient." The changes to the renal disease/failure codes offer you this additional specificity.

"Urologists often review radiographic studies or other studies which, although abnormal, are not diagnostic and do require further studies," Ferragamo says. You'll now have two codes that help explain medical necessity for review of such tests or for the performance of other diagnostic studies. ICD-9 will now include 793.5 (Nonspecific [abnormal findings] on radiological and other examination of genitourinary organs) and 793.6 (Nonspecific [abnormal] findings on radiological and other examination of abdominal area, including retroperitoneum).

"These would be beneficial when you end up ordering multiple studies on a patient to come up with a definitive diagnosis," Hollingshead adds. "I would think that insurance companies would like this. I would think they'd like to see them in use to track utilization of high cost radiological studies."

Get the full list: You can review the entire list of 2010 ICD-9 changes in the May 22, 2009, Federal Register, which you can find online at www.edocket.access.gpo.gov/2009/pdf/E9-10458.pdf.