

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Tackle the Top-3 ICD-9 Oncology Changes Before the Oct. 1 Deadline Hits

Tried-and-true tactics get your doctor's documentation on board with these more specific codes

You're in for a parade of denials if you don't master the barrage of lymphoma changes that ICD-9 2008 has in store for you.

Prepare now: You and your doctors should start the mental shift so you'll be ready when the new ICD-9 codes go into effect Oct. 1, 2007.

1. Blast Out of Your 202.80 Rut in 2008

If you've got carpal tunnel from reporting 202.80 (Other lymphomas; unspecified site, extranodal and solid organ sites) over and over again, prepare to exercise some new lymphoma coding muscles with ICD-9 2008.

You'll have 54 new lymphoma codes to master:

- marginal zone lymphoma (200.30-200.38)
- mantle cell lymphoma (200.40-200.48)
- primary central nervous system lymphoma (200.50-200.58)
- anaplastic large cell lymphoma (200.60-200.68)
- large cell lymphoma (200.70-200.78)
- peripheral T-cell lymphoma (202.70-202.78).

Reporting 202.80 less often is a benefit, but all of these new lymphoma codes may cause some hardships, says **Erin Goodwin, CPC, CMC**, reimbursement and coding professional for South Carolina Oncology Associates.

Reality: Your providers' documentation must offer the details you need to choose among these new codes. The trick is finding the middle ground between the doctor not documenting enough information and making his documentation so specific that you have a hard time choosing the most appropriate diagnosis code, Goodwin says.

What to do: Once you get the final list of new codes, give your providers a job aid with the more specific codes, Goodwin says. Your doctors may not know what information you need for each diagnosis, so you can show them the detail you need and point out that documenting those specifics helps you do your job more efficiently and helps satisfy payers when they ask for medical records, she says.

The provider's documentation should offer enough detail to allow you to choose among the following fifth-digit options:

- 0--unspecified site, extranodal, and solid organ sites
- 1--lymph nodes of head, face, and neck
- 2--intrathoracic lymph nodes
- 3--intra-abdominal lymph nodes
- 4--lymph nodes of axilla and upper limb
- 5--lymph nodes of inguinal region and lower limb
- 6--intrapelvic lymph nodes
- 7--spleen
- 8--lymph nodes of multiple sites.

Each type of lymphoma may require different treatment, says independent consultant **Margaret Hickey** in New Orleans. So with these new, more specific diagnosis codes, you'll have to be more careful to align each treatment with the appropriate diagnosis code.

Resource: You can find behind-the-scenes information on the new ICD-9 codes in the ICD-9 Committee minutes at www.cdc.gov/nchs/about/otheract/icd9/maint/maint.htm.

[Check out the presentation -Non-Hodgkin's Lymphoma,- by Luis Fayad, MD, MD Anderson Cancer Center's lymphoma/myeloma department clinical medical director.](#)

2. Follow This Map to New Malignant Ascites Code

The preliminary ICD-9 2008 list adds a code for malignant ascites in Chapter 16 (Symptoms, Signs, and Ill-Defined Conditions). You will also have a separate code for other ascites:

- 789.51--Malignant ascites
- 789.59--Other ascites.

Malignant ascites is ascites, or excess fluid in the space between the tissues lining the abdomen and abdominal organs (the peritoneal cavity), containing cancer cells.

The new malignant ascites code is an improvement because ICD-9 2007 indexes malignant ascites under 197.6 (Secondary malignant neoplasm of respiratory and digestive systems; retroperitoneum and peritoneum), but the 197.6 entry doesn't reference ascites, Goodwin says.

Snag: Code 789.51 is in the signs-and-symptoms category rather than in a malignant-code category.

Plan ahead: When you get the official list of new codes, type up a list for each coder in your department to post on her desk or her computer as a reminder, Goodwin says. And be sure you update your software system to alert you if you try to use a deleted code.

3. Watch for Answer to Your Tamoxifen Question

The ICD-9 committee considered a new code for antiestrogen prophylactic administration under subcategory V07.3x (Other prophylactic chemotherapy) along with an -Excludes- note under subcategory V58.6x (Long-term [current] drug use).

Snag: Physicians may order antiestrogen agent Tamoxifen as a cancer treatment rather than a prophylactic, making V07.3 inappropriate.

Pay attention: The Coding Clinic for ICD-9-CM, which publishes official ICD-9 guidelines, asked ICD-9 to hold off on implementing the new antiestrogen code because it is gathering information to better define cancer status for Tamoxifen patients.

Translation: You may soon have a new answer to when to report current neoplasm codes and when to report -history of- codes for Tamoxifen patients.