

Part B Insider (Multispecialty) Coding Alert

Physician Notes: Don't Bill For Septic Shock Unless You Show Sepsis First

You can never report any codes from subcategory 995.9 (Sepsis) as the principal diagnosis, the **Centers for Medicare and Medicaid Services** clarifies. You must assign the underlying systemic infection code first.

That's just one of the changes in the April 1 revision to the ICD-9 guidelines. CMS didn't issue any new ICD-9 codes for April, but it did shake up the rules a little.

CMS says you can't bill for septic shock unless you've documented sepsis, and you don't need an external cause-of-injury code with sepsis codes. If the doctor removes organs prophylactically because of a genetic predisposition to cancer, use a code from subcategory V50.4x (Prophylactic organ removal) as the principal or first code, followed by the genetic predisposition code and the family history code.

The update also clarifies coding for Type I and Type II diabetes, insulin pump malfunction, postoperative cerebrovascular accident, chronic obstructive pulmonary disease and genetic carrier or susceptibility status.

In other news:

The plan to shift the administrative law judges (ALJs) from the Social Security Administration to the Department of Health and Human Services has serious problems that could prevent you from receiving a fair shake in appealing your denied claims, Sens. **Charles Grassley** (R-IA) and **Max Baucus** (D-MT) warn in a letter to the SSA and HHS secretaries. The transfer will begin in July and be complete by October.

The problems: HHS plans only three field offices plus a headquarters - not enough geographic distribution to provide meaningful access to ALJs. That means ALJs will hear most cases via video conferencing, but HHS doesn't seem to be up to providing video conferencing facilities, the Senators worry. The field offices still lack staff, and some ALJs will be forced to take on management-related tasks that could distract from their appeals-related responsibilities. Some of the new ALJs may be totally untrained, and the "nuts and bolts" issues of running the new offices remain unsettled.

Medicare named the companies that will earn compensation based on how many mistakes they find in your billing. The new Recovery Audit Contractors (RACs) for California, Florida and New York will be **Diversified Collection Services, Public Consulting Group, HealthData Insights, Connolly Consulting and PRG-Shultz International**. The RACs will look at claims that are at least one year old, and some will only examine Medicare Secondary Payer claims.

Medicare will cover smoking-cessation counseling for beneficiaries with smoking-related illnesses who take medications affected by tobacco use. But providers don't need special training in smoking-cessation counseling, because no national standards exist yet.