

Eli's Rehab Report

Factor in New 2006 ICD-9 Codes In 4 Areas or Face Denials

Tip: Avoid confusing muscle weakness with generalized weakness

From an expanded muscle weakness code to a V code for history of falling, you've got four areas of new ICD-9 codes to contend with beginning Oct. 1. Don't let your claim denials pile up due to expired diagnosis codes - stay on top of your coding with this expert rundown of the codes you need to implement this fall.

1. Flex Your New Muscle Weakness Knowledge

You'll finally be able to specify generalized muscle weakness diagnoses, thanks to a new ICD-9 code that takes effect Oct. 1.

However, until Oct. 1, you'll be reporting [728.87](#) (Other disorders of muscle, ligament, and fascia; muscle weakness) for muscle weakness in any location - unless you have a more accurate code that describes the condition and/or site, says **Stacie Buck, RHIA, LHRM**, vice president of coding and compliance services for PM&R Resources in North Palm Beach, Fla.

Note: Beneath this code listing in the ICD-9 book, you'll find a note saying that this code "excludes generalized weakness (780.79)."

"For our OT, 728.87 is a covered diagnosis supporting the CPT exercise code (97110, Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility), but 780.79 is not," says **Jenny Tucker, RPT, CPC**, a coding specialist at Nevada Regional Health Center in Nevada, Mo.

"I think there is confusion between general weakness and muscle weakness," Buck says. She differentiates general weakness by describing it as reflective of "the energy level of the patient."

You'll have to distinguish between general weakness and muscle weakness, because 2006 ICD-9 adds 728.87 (Muscle weakness [generalized]) to the situation this fall.

Because muscle weakness is a fairly common diagnosis in geriatric populations and post-surgical rehabilitation patients, practices will be able to report 728.87 to document the need for inpatient stays as well as compliantly code signs and symptoms in an outpatient setting before the physician determines a firm diagnosis.

2. Don't Lose Sleep Figuring Out Insomnia Codes

If lack of sleep affects your rehabilitation patient's condition, you'll want to get specific and report this complaint. This usually means turning to the sleep disturbances code category 780.5x. But ICD-2006 expands your options.

You'll want to be careful how you characterize the sleep disorder and ask yourself the following questions:

1. **Was the sleep disorder caused by a drug?** If so, you'll report new code 292.85 (Drug-induced sleep disorders).
2. **Was the sleep disorder caused by a medical condition?** If so, you'll report new code 327.01 (Insomnia due to medical condition classified elsewhere).
3. **Was this insomnia, with no known cause?** If so, you'll report 780.52 (Insomnia, unspecified). This definition has

changed from "other insomnia."

Note: Notice how 780.52 exists in the "Symptoms, signs, and ill-defined conditions" section of CPT, while ICD-9 lists the other two (292.85 and 327.01) in the "Mental disorders" chapter.

3. Welcome This 'History-of-Falling' V Code

If a patient tends to fall, he likely has an underlying condition that makes him prone to falls, Buck says. But as of Oct. 1, you'll have a V code to append to show this history using V15.88 (History of fall). This will help both psychiatrists and physical therapists identify patients at risk for future falls.

Most coders are looking forward to this addition, because "this is becoming more and more prevalent," says **Chad Clark, MSPT, CSCS**, physical therapist and owner of Sports Performance & Rehab in Pueblo, Colo.

"We treat nursing home patients, and this could be appropriate for them. Currently, we're trying to use E codes along with diagnosis codes when an accident takes place," Tucker says.

4. Expand Your Palette Painting Personal History

Future care can be impacted by conditions of the past. If a rehab patient has a personal history of infections of the central nervous system, you'll be able to report the new code V12.42 (Personal history, infections of the central nervous system) after Oct. 1.

Tip: You may want to exclude a history of tuberculosis from V12.42 because there is a separate code specifically for this condition: V12.01 (Personal history of certain other diseases; infectious and parasitic diseases; tuberculosis).

Heads-up: If a patient has signs and symptoms of a disease or condition, you should use those as the primary diagnoses first. You should use personal history codes (V10-V15) to indicate a personal history of a previous condition, Buck says. "If the condition is still present or still being treated, you shouldn't use a personal history V code - use an ICD-9 code instead."

Note: For a full listing of the 2006 ICD-9 changes, e-mail me at suzannel@eliresearch.com.