

Eli's Rehab Report

New ICD-9 Codes Allow Site Specificity for Decubitus Ulcers

You have until Oct.1 to implement the new diagnosis code changes

Coders, take notice: At midnight on Sept. 30, you'll have to remove one set of decubitus ulcer ICD-9 codes and implement another.

The Centers for Disease Control and Prevention and CMS have unveiled their new 2005 [ICD9 Codes](#), and because payers do not allow a grace period for the new codes, you should update your superbills by Sept. 30.

Although the new codes won't dramatically change the way physiatrists submit claims, says **Gregory Mulford, MD**, medical director at Atlantic Rehabilitation Services and chairman of rehabilitation medicine at Morristown Memorial Hospital in New Jersey, the following new codes will have the most relevance to PM&R practices.

Assign 9 New Decubitus Ulcer Codes Based on Site

"Decubitus ulcers include any chronic ulcer of the skin, including bedsores, plaster ulcers, and pressure ulcers," says **Mary J. Brown, CPC, CMA**, coding specialist at OrthoWest PC, a seven-physician practice in Omaha, Neb. Foot and ankle specialists and orthopedic surgeons may use these codes for chronic or non-healing skin ulcers that can occur from casts rubbing a patient's skin or prolonged periods of bed rest, Brown says.

"The code that you would use now is 707.0 (Decubitus ulcer), which is a generalized decubitus ulcer code," Brown says. "However, it appears that this code range (707.00-707.09, see below for definitions) will now require a fifth digit to specify the location of the decubitus ulcer." The new bed sore codes follow:

1. 707.00 -- Decubitus ulcer, unspecified site
2. 707.01 -- ... elbow
3. 707.02 -- ... upper back
4. 707.03 -- ... lower back
5. 707.04 -- ... hip
6. 707.05 -- ... buttock
7. 707.06 -- ... ankle
8. 707.07 -- ... heel
9. 707.09 -- ... other site.

Report Diabetes According to Latest Terminologies

Physiatrists who address medical nutrition therapy (MNT) should pay close attention to ICD-9's updated diabetes code series (250.00-250.93). These codes no longer reflect insulin versus non-insulin dependency. Physicians should now dictate either type I, type II, unspecified, or juvenile diabetes instead of pass terminologies NIDM and IDDM.

New DVT Codes Make Their Debut

Also on the ICD-9 horizon are three new venous embolism codes. These better clarify deep venous thrombosis, which patients sometimes have after joint-replacement surgery. The following three codes are more specific than 453.8 (Other venous embolism and thrombosis; of other specified veins), which orthopedists previously used for this diagnosis:

10. 453.40 -- Venous embolism and thrombosis of unspecified deep vessels of lower extremity
11. 453.41 -- Venous embolism and thrombosis of deep vessels of proximal lower extremity
12. 453.42 -- Venous embolism and thrombosis of deep vessels of distal lower extremity.

ICD-9 Creates New West Nile Fever Codes

No longer should you report infectious disease code 066.4 for West Nile fever. ICD-9 released four new codes for this disease:

13. 066.40 -- West Nile fever, unspecified
14. 066.41 -- West Nile fever with encephalitis
15. 066.42 -- West Nile fever with other neurologic manifestation
16. 066.49 -- West Nile fever with other complications.

Get Specific With New V Codes

In addition, the following new codes may be relevant to your PM&R practice:

17. 524.64 -- Temporomandibular joint sounds on opening and/or closing the jaw
18. 705.21 -- Primary focal hyperhidrosis
19. 705.22 -- Secondary focal hyperhidrosis
20. V46.11 -- Dependence on respirator, status
21. V58.66 -- Long-term (current) use of aspirin
22. V58.67 -- Long-term (current) use of insulin
23. V69.4 -- Lack of adequate sleep.

To review a full listing of the new ICD-9 codes, visit the CMS Web site at <http://www.cms.hhs.gov/medlearn/icd9code.asp#coding>.