

Eli's Rehab Report

Speech Spotlight: SLPs: Gear up for a Slew of New 787.xx and 389.xx ICD-9s

Look out for more descriptive terms under dysphagia and hearing loss

The feds have released a tentative list of new, revised and invalid ICD-9 codes that go into effect on Oct. 1 -- and speech language pathologists have a lot to be keyed up about: that is, a lot more codes to choose from.

The Centers for Medicare & Medicaid Services published the code changes as part of the Inpatient Prospective Payment System Notice of Proposed Rulemaking (IPPS NPRM) on April 13, 2007. More specifically, the American Speech-Language Hearing Association's Health Care Economics Committee proposed the SLP-related code changes, say **Nancy B. Swigert, MA, CCC/SLP, BRS-S**, director of respiratory care and speech-language pathology at Central Baptist Hospital in Lexington, Ky. "So we think [this change] will be very positive."

But before you bring out the champagne bottles, get the insiders' and front-liners' views on what this means for your coding practices.

More Specificity Is the Name of the Game

The biggest change SLPs will see in the new ICD-9 codes is a lot more ways to report hearing loss and dysphagia. The NPRM suggests deleting 389.2 (Mixed conductive and sensorineural hearing loss) and 787.2 (Dysphagia) in favor of seven new hearing loss codes and six new dysphagia codes. (See the Clip and Save for more details.)

"We'll be able to more specifically identify the type of dysphagia for our treatment," says **Kathryn Hammond, MS, CCC/SLP**, with Havasu Regional Medical Center in Lake Havasu City, Ariz.

"Dysphagia symptoms vary significantly depending on the phase(s) affected," Swigert says. And recognizing this fact in the diagnosis codes is particularly important as SLPs gear their treatment strategies toward specific phases, she says. "Having more descriptive terms for the overlapping phases of swallowing more accurately reflects the dynamic nature of the disorder and highlights the relationship between the phases."

Even better: More specific diagnostic codes may also help your reimbursement. For example, Swigert cites new code 315.34 (Speech and language developmental delay due to hearing loss) as one that contains a clearer definition for payers -- particularly in pediatric cases. "Having the code for speech and language developmental delay due to hearing loss may make it more apparent to insurers that this is not a problem that will be 'outgrown' -- a common misunderstanding by third-party payers regarding the term 'developmental,'" she says.

New Codes Boost Outcomes Systems

With the latest buzz from CMS on documenting patient outcomes (see Eli's Rehab Report, February and March 2007 issues), you'll also be glad to hear that the new codes are helpful for existing outcomes measures, specifically ASHA's National Outcomes Measurement System (NOMS).

How: NOMS currently provides information about the outcome of patients with dysphagia. If outcomes systems use the more detailed diagnosis codes, more specific information is available to describe the progress of patients with specific types of dysphagia, Swigert says.

Important: But more codes also means higher expectations on your part. "We'll really have to be on our toes with

matching the evaluation results with the correct treatment diagnosis," Hammond says.

Don't Miss the Revised Codes

New codes aside, if you're wondering what was behind the changes to 389.14 (Central hearing loss, bilateral), the revised 389.14 (Central hearing loss) removes references to laterality, "which obviously doesn't make sense for something that is central," Swigert says. Code 389.18 (Sensorineural hearing loss, bilateral) simply dropped the phrase "of combined types" from its descriptor.

The third and last revised speech-related ICD-9 code (for now) is 389.7 (Deaf, nonspeaking, not elsewhere classifiable), which replaces the word "mutism" with the less offensive and more current term, "nonspeaking."

Watch for: CMS anticipates that additional codes will appear on these lists as a result of further discussions, so stay tuned. You can find the NPRM at www.cms.hhs.gov/AcuteInpatientPPS/IPPS/list.asp#TopOfPage.