

Eli's Rehab Report

Strengthen Your Muscle Weakness Coding With New ICD-9 Codes

PM&R practices will finally be able to specify muscle weakness diagnoses, thanks to a new ICD-9 code that takes effect Oct. 1. CMS unveiled the new diagnosis codes in the May 19 Federal Register, revealing several new diagnosis codes that will affect PM&R practices.

Welcome, 728.87!

Now if a patient presents to your practice complaining of muscle weakness, your only choice is to report the unspecified code (728.9, Unspecified disorder of muscle, ligament and fascia). Beginning in October, however, you should instead assign the new [ICD-9 728.87](#) (Muscle weakness).

"Most physicians are unsure of what unspecified codes such as 728.9 include," says **Mary J. Brown, CPC, CMA**, coding specialist at OrthoWest PC, a seven-physician practice in Omaha, Neb. "More descriptive ICD-9 codes like 728.87 help paint a picture for your insurer, and that can save time by staving off unnecessary denials and appeals."

Not only do physicians and insurers moan when faced with unspecified codes but coders dismay too, says **Marvel J. Hammer, RN, CPC, CHCO**, owner of MJH Consulting, a healthcare reimbursement consulting firm in Denver. "Most coders prefer not to use unspecified codes unless there are no other options. But because muscle weakness is a fairly common diagnosis in geriatric populations and post-surgical rehabilitation patients, practices have no other choice than to report 728.9."

Practices might also use 728.87 when they formerly reported 780.79 (Other malaise and fatigue), Hammer says. "Reporting 780.79 definitely was not a great fit when treating generalized muscle weakness. The addition of 728.87 will help you clearly document the need for inpatient stays and compliantly coding the signs and symptoms in an outpatient setting before the physician determines a firm diagnosis."

Go Ahead, Abbreviate the Difficulty-Walking Code

If you report 719.7x (Difficulty in walking) today without adding a fifth digit to describe the site, your carrier will most likely deny the claim for a "truncated" diagnosis code. ICD-9 2003 now dictates that this code is invalid without a fifth digit. But in October, that will no longer be the case.

Effective Oct. 1, CMS will delete codes 719.70 and 719.75-719.79 and replace them with the four-digit code 719.7, still described as "difficulty in walking." "The new code is a bit less specific because it no longer includes the site specifications, but it will be useful for those patients who only suffer from difficulty walking (for instance, due to neurological problems) and not because of specific joint conditions," Brown says.

If your patient has specific joint pain, however, you should bypass the new code 719.7 and continue to report the 719.4x series, which specifies "pain in joint," Hammer says.

ICD-9 will also include new codes to describe other rehabilitation symptoms, including 780.93 (Memory loss), 781.94 (Facial weakness), 728.88 (Rhabdomyolysis) and 788.63 (Urgency of urination).

Myasthenia Gravis Made More Specific

CMS deleted the myasthenia gravis code (358.0) in favor of two more specific codes: 358.00 (Myasthenia gravis without [acute] exacerbation) and 358.01 (Myasthenia gravis with [acute] exacerbation).

CMS will expand the general concussion code (850.1, Concussion with brief loss of consciousness) by introducing the more specific codes 850.11 (Concussion with loss of consciousness of 30 minutes or less) and 850.12 (Concussion with loss of consciousness from 31 to 59 minutes).

Revisions and additions to the ICD-9 manual take effect Oct. 1 and last through Sept. 30, 2004. Because many payers will wait until Jan. 1 before processing claims with the new codes, be sure to ask your payers when they will begin accepting them.

