

Home Health ICD-9/ICD-10 Alert

CODING NEWS: GET READY FOR 2008 WITH THIS SNEAK PEEK AT THE ICD-9 CHANGES

Lymphoma codes add more specifics too--is your documentation up to snuff?

Prepare to change the way you code for dysphagia, lymphomas, TIA and more starting in October.

The **Centers for Disease Control & Prevention** (CDC) has released the new ICD-9 codes for 2008, which take effect in October with no grace period. Some more codes may be added to the list between now and October, but most of 2008's new additions are already available.

With the 2008 ICD-9 update, 787.2 (Dysphagia) becomes an invalid code. Instead, you'll need to select one of the new five-digit codes in the 787.20-787.29 range. These will let you specify whether the dysphagia is oral phase, oropharyngeal phase, pharyngeal phase or pharyngoesophageal phase.

Check with SLPs: You may get these dysphagia details from a speech language pathologist after an assessment or swallowing study, so you can code more specifically, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. How-ever, in most cases you'll likely report dysphagia with 787.20 (Dysphagia, unspecified).

More in store: Expect more changes for dysphagia coding this year, says Selman-Holman. Dysphagia in combination with the acute cerebrovascular accident (CVA) codes will mean added case mix points under the new case mix system in the proposed PPS rule.

Know The Details For Lymphomas

Also look for a slew of new lymphoma codes to master, starting Oct. 1. Fifty-four new lymphoma codes will add greater specifics about type and location to these diagnoses.

Tip: Check the physician's documentation for specifics on the type of lymphoma as well as the body part it affects.

The new ICD-9-CM diagnosis codes include lymphoma codes for:

- marginal zone lymphoma (200.30-200.38),
- mantle cell lymphoma (200.40-200.48),
- primary central nervous system lymphoma (200.50-200.58),
- anaplastic large cell lymphoma (200.60-200.68),
- large cell lymphoma (200.70-200.78), and
- peripheral T-cell lymphoma (202.70-202.78).

For each of these categories, you can specify whether the lymphoma is in the head, face or neck; the intrathoracic lymph nodes; the intra-abdominal lymph nodes; upper limb; lower limb; intrapelvic; spleen; or multiple sites.

Each type of lymphoma requires a very different treatment, notes independent consultant **Margaret Hickey, MS, MSN, RN, OCN, CORLN**, in New Orleans. So with these new, more specific diagnosis codes, you'll have to be more careful to align each drug with the appropriate diagnosis code.

Prepare For New TIA, Myotonia And Carcinoma Codes

Some other ICD-9 changes include:

- Welcome new V codes including V12.54 (Personal history of transient ischemic attack [TIA], and cerebral infarction without residual deficits) and V12.53 (Personal history of sudden cardiac arrest) to help indicate patients who have a past history of these conditions.

Code V12.54 draws into question the use of TIA codes as primary home care diagnoses for those patients who have had TIAs, Selman-Holman notes. By their very nature, TIAs are transient. Coding the TIA as primary gains 20 case mix points; however, the patient doesn't have a current TIA when admitted to home care, she says.

Case mix impact: This new code may mean that intermediaries will begin to expect home care coders to report the new history code rather than the current TIA code, Selman-Holman says. If that is so, the only way to earn the 20 points for the TIA diagnosis will be to report the diagnosis code in M0245a.

- Say goodbye to myotonic disorders code 359.2, and greet new five-digit myotonic disorder codes 359.21-359.29. Myotonia is a neuromuscular disorder characterized by the slow relaxation of the muscles after voluntary contraction or electrical stimulation.
- You'll have four new codes for female genital carcinoma (233.30-233.39) and multiple endocrine neoplasia (258.01-258.03).
- There are eight new herpes-related diagnosis codes (058.10-058.89). They allow you to specify types of infection between herpes 6, 7 or 8, plus herpes-related encephalitis.
- The new update revises 005.1 (Botulism food poisoning) and adds two new botulism codes: 040.41 (infant) and 040.42 (wound).
- Also, a handful of codes are revised, including 389.14 (Central hearing loss) and 389.18 (Sen-sorineural hearing loss, bilateral).

Secondary Diabetes Codes Still 'Coming Soon'

Hang in there: The long-awaited new ICD-9 codes for secondary diabetes will have to wait until the 2009 update.

Secondary diabetes will receive its own category in 2009, **Sheri Bernard, CPC-H, CPC-P**, clinical staff member at **Ingenix**, revealed at the **American Academy of Professional Coders** 2007 conference in Seattle. Moreover, the subcategories for complications/manifestations will mirror those for the existing 250.xx series of diabetes codes--which means coders will have lots of new codes to work with.

These secondary diabetes codes should take effect Oct. 1, 2008, if all goes well, says **Amy Blum**, medical classification specialist with the **National Center for Health Statistics**, the part of the **Centers for Disease Control and Prevention** (CDC) that develops new ICD-9 codes.

"We're going to bring [the proposal] back to the September meeting" of the **ICD-9 Coordination and Maintenance Committee**, she says. This will be the fourth or fifth time the committee has considered secondary diabetes codes, she adds.

Watch for: The CDC will propose two new categories for secondary diabetes, based on the disease cause, in 2009: 248.xx and 249.xx. One is for diabetes due to an existing condition, and the other is for diabetes due to a drug. This plan for two categories goes along with comments on the CDC's previous proposal, Blum notes.