

Home Health ICD-9/ICD-10 Alert

CODING UPDATE: BRACE YOURSELF FOR THESE DIABETES AND LONG-TERM DRUG USE CODING CHANGES

New dressing change codes will impact home health.

October 1 may seem like a distant date, but the **ICD-9 Coordination and Maintenance Committee** has already been at work determining which new ICD-9 codes will make their debut that day. Read on for a sneak preview of the codes under consideration.

The committee considered adding new ICD-9 codes for 10 conditions during its meeting held March 23-24.

Two of these conditions--secondary diabetes and long-term drug use--are especially likely to affect home health agencies' answers to M0230 and M0240, predicts coding consultant **Lisa Selman-Holman** with Denton, TX-based **Selman-Holman & Associates**.

Secondary Diabetes May Not Be Case Mix Code

Proposed new codes include:

- **Secondary diabetes.** Right now, you have no way to report diabetes resulting from another condition affecting the pancreas, such as pancreatitis or cystic fibrosis, explains **Amy Blum**, medical classification specialist with the **National Center for Health Statistics**, which creates the ICD-9 codes. You're not allowed to use the current diabetes codes for secondary diabetes, so you're stuck with an unlisted code.

Key: If secondary diabetes receives its own category, it will parallel the codes for primary diabetes. This will be the most significant change to the ICD-9 book "as far as how many codes it will create and how it will affect coders," Blum says. Another code to describe diabetes would reflect the same kinds of manifestations as the current diabetic code. But if the case mix diagnosis list does not change, then we will not be able to get points for secondary diabetes, notes Selman-Holman.

- **Long-term drug use.** The ICD-9 book already includes codes for aspirin, anticoagulants and half a dozen other types of drugs. The Committee is considering adding codes for tamoxifen and a couple more drugs, says Blum.

- **Hypoaldosteronism.** Right now, there's a code for hyper-, but no code for hypo-aldosteronism, which is a consequence of chronic renal failure, says Blum.

- **Wound botulism.** The ICD-9 manual includes a code for food poisoning, but not for other types of botulism, such as wound botulism and infant botulism. These types of botulism manifest differently than food-borne botulism, notes Blum.

Codes Can Change On April 1 Or October 1

At its last meeting in September 2005, the Coordination and Maintenance Committee considered two other changes that will be important to HHAs, Selman-Holman notes. These codes have since been published as final in the Federal Register.

One of the changes will be adjusting fifth digits for coding categories 403 (Hypertensive renal disease) and 404 (Hypertensive heart and renal disease) to reconcile these with changes made to 585 (Chronic renal failure). Currently if you analyze the fifth digits for the category 403, they don't make sense, says Selman-Holman. New fifth digit codes will indicate the stage of the chronic kidney disease.

A second change which will likely cause much confusion is the expansion of V58.3 to 4 digits. The code for attention to surgical dressings and sutures (V58.3) will be changed to distinguish the specific type of care provided, says Selman-Holman. A new fifth digit will indicate dressing changes for non-surgical wounds.

New Codes Support Efforts To Manage Pain

Also of interest to home health agencies are the new codes for pain, says Selman-Holman. Especially important are the codes for postsurgical pain and neoplasm-related pain. Pain is usually considered integral to the condition and currently not usually coded separately, she notes. Being able to indicate that your patient's pain is unusual and will take extra effort to manage is a major change, she says.

Participants discuss the code proposals at the CMC meeting, but they do not vote on them, explains **Sue Bowman**, director of coding policy and compliance for the **American Health Information Management Association**. Besides comments accepted at the meeting, there is a comment period following the meeting, she tells **Eli**.

A clearance process within the **Department of Health and Human Services** results in final decisions on code revisions, the **Centers for Medicare & Medicaid Services** says in its summary report.

Heads up: The committee received no requests in September to implement any of the proposed codes April 1, so any new codes will take effect on Oct. 1, CMS says.