

## Home Health ICD-9/ICD-10 Alert

### **CODING UPDATE: Specificity Is The Name Of The Latest Diabetes Coding Game**

**And you'll have a whole new set of orthopedic device codes at your fingertips come Oct. 1.**

Your coders have some new codes to learn in order to comply with the latest ICD-9 revisions, released last month. Here are the key specifics, as noted by leading industry experts:

#### **Gather More Information on Diabetic Patients**

When the new codes take effect Oct. 1, you'll have more specific choices for diabetic retinopathy. In addition to codes for proliferative retinopathy, new codes have been added for nonproliferative retinopathy, notes **Ann Zeisset, RHIT, CCS-P, CCS**, manager of professional practice resources with the **American Health Information Management Association**.

The latest ICD-9 changes include four codes you can use to specify different types of nonproliferative diabetic retinopathy:

362.03 - nonproliferative diabetic retinopathy NOS (not otherwise specified)

362.04 - mild nonproliferative diabetic retinopathy

362.05 - moderate nonproliferative diabetic retinopathy

362.06 - severe nonproliferative diabetic retinopathy

Further, you'll find a new code for diabetic macular edema (362.07). Remember, a patient must have retinopathy to have macular edema, so this new code creates yet another level of specificity within diabetes coding, says Zeisset.

#### **Rethink Your Approach to Chronic Renal Failure Coding**

The standard chronic renal failure code (585) has been expanded to add a fourth digit specifying the stage of the condition. Also, the code has been reclassified as chronic kidney disease, "which includes chronic renal insufficiency along with chronic renal failure," explains Zeisset. (For more information on these changes, see the Reader Question later in this issue.)

#### **Avoid the New Block on 599.6**

The long-standing code for urinary obstruction, 599.6, will become invalid on Oct. 1. In its place, you must use either 599.60 (Urinary obstruction, unspecified) or 599.69 (Urinary obstruction, not elsewhere classified). These codes usually will come into play for long-term, full-care cases, according to consultant **Lynn Yetman, RN, MA**, with **Reingruber & Co.** in St. Petersburg, FL.

**Tip:** Be sure to read the excludes notes before using these codes, Zeisset reminds coders. In some cases, you shouldn't use two codes to indicate urinary obstruction issues, and these notes will tell you what's correct.

#### **Don't Trip Over New Fall Code**

Add a new V code to your list: V15.88 (History of fall). "History of falls is a really good addition," cheers Yetman. "That's

going to be widely used," she says, because it speaks to the patient's safety and need for physical therapy.

But while this code will likely see plenty of action, "it won't fit into the case mix diagnosis," points out **Mary St. Pierre**, director of regulatory affairs for the **National Association of Home Care & Hospice**. That means the code won't make a difference to your payment, but you should still use it as appropriate.

**Caution:** You'll usually use V15.88 for historical value only, instructs Zeisset. Typically, a history of falls would not be the primary reason for being under a home health plan of care. If there is an underlying reason for the patient's tendency to fall (such as Parkinson's, dementia or even abnormality of gait), that is the focus of home health care, and you'd report that condition in M0230.

The same usually goes for other "history of" codes, including the new one for history of recurrent pneumonia (V12.61), though there could be exceptions. For example, "if the patient is coming out of the hospital after a bout with pneumonia, home care is ordered and the patient no longer has pneumonia, the chief reason for admission may be the history of pneumonia (V12.61)," notes consultant **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C**, with **Selman-Holman & Associates** in Denton, TX.

### **Bone Up on New Orthopedic Device Codes**

In the past, coders only had a four-digit nonspecific code for orthopedic device complications at their disposal (996.4). But a new code series allows you to specify the type of complication, thereby painting a clearer picture of the patient, Zeisset notes. "We're doing much more for people with knees, joints and other kinds of prosthetics," so these new codes will be useful, Yetman says.

Nine codes have been added to indicate care for orthopedic devices:

996.40 - unspecified mechanical complication of internal orthopedic device, implant, and graft

996.41 - mechanical loosening of prosthetic joint

996.42 - dislocation of prosthetic joint

996.43 - prosthetic joint implant failure

996.44 - peri-prosthetic fracture around prosthetic joint

996.45 - peri-prosthetic osteolysis

996.46 - articular bearing surface wear of prosthetic joint

996.47 - other mechanical complication of prosthetic joint implant

996.49 - other mechanical complication of other internal orthopedic device, implant, and graft.

**Remember:** "If a patient has had surgery and is being treated for a complication, it would be incorrect to use the V codes for aftercare," Zeisset advises. Instead, you'd use a complication code in M0230, she says, "and codes 996.40-996.49 will provide more specificity."

**Example:** Say the patient is admitted to the hospital for a revision of the hip replacement for some kind of complication. "We would use the 996.4x code in M0190, but the code we would use in M0230 and M0240 would depend on the status of the joint after the revision," notes Selman-Holman. You must determine if the hip is still complicated (996.4x) or if it's now fixed, rendering your services routine aftercare (V54.81), she explains.

### **Work on Your Information-Gathering Skills**

With all these newly specific codes, communication with physicians and hospitals will be more important than ever come Oct. 1. "[Payors] hate us using unspecified codes, but [getting details] is so difficult in home care," laments Yetman. These difficulties often are increased by some hospitals using the Health Insurance Portability and Accountability Act as an excuse to limit the amount of information they provide.

**Strategy:** If you're faced with a hospital or physician who cites HIPAA as a reason to withhold information about a patient, remind the person that you're using the information for reasons protected under HIPAA. That means it's well within the law for them to share necessary information with you.

Your consent form should also explicitly state the patient's consent for the sharing of medical information with the agency, and you should send that form to hospitals or physicians who are not willing to share their information, Selman-Holman advises. (For more information on HIPAA, see Eli's Health Information Compliance Alert or Eli's HIPAA Training Alert at [www.elihealthcare.com](http://www.elihealthcare.com).)

Editor's Note: Don't get caught snoozing. Look for an article about new sleep disturbance codes in next month's issue of Home Health ICD-9 Alert.