

Home Health ICD-9/ICD-10 Alert

Conquering Case Mix: Expand Your Options For Reporting Encephalopathies, Hypertensive Kidney Disease

Thirteen new encephalopathy codes could earn your agency 20 neuro points.

Effective Oct.1, new and changed codes will allow you to be more specific when reporting encephalopathies or hypertensive kidney disease. There's no grace period for adjusting to the new codes, so it pays to take the time now to prepare.

Gear Up To Break Out Myelitis Dx

Thirteen new codes and many revisions in the 323.x (Encephalitis, myelitis, and encephalomyelitis) category mean additions to the list of codes that can bring you additional case mix points.

Previously, codes in this category lumped together encephalitis, myelitis, and encephalomyelitis. The new codes break out myelitis diagnoses, notes **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. The result is 13 new case mix codes that will be spread among the primary list of case mix codes and the manifestation list of case mix codes, she says.

For example: The code description for 323.0 (Encephalitis in viral diseases classified elsewhere) will be revised to read (Encephalitis, myelitis, and encephalomyelitis in viral diseases classified elsewhere). The new codes in this subcategory separate the myelitis from the encephalopathies: 323.01 (Encephalitis and encephalomyelitis in viral diseases classified elsewhere) and 323.02 (Myelitis in viral diseases classified elsewhere). Reporting each of the 13 new case mix codes will add 20 neuro points when reported, says Selman-Holman.

Time for new cheat sheets: Your case mix diagnosis cheat sheets won't include these new codes, but category 323.x was identified as a neurological case mix code in the original case mix list published in the PPS final rule, July 3, 2000, says **Judy Adams, RN, BSN, HCS-D**, with Charlotte, NC-based **LarsonAllen**. While the **Centers For Medicare & Medicaid Services** has yet to formally confirm this, "the thirteen new diagnoses should also be case mix diagnoses, worth 20 points if they are the primary focus of home health care," she says.

History confirms that these new codes will be added to the list of case mix diagnoses, notes Selman-Holman. Any new codes in years past that fit within the categories listed in the original lists of case mix diagnoses have been added to that list, she says.

Some of the new codes, like 323.41 (Other encephalitis and encephalomyelitis due to infection classified elsewhere) and 323.42 (Other myelitis due to infection classified elsewhere) are manifestation codes, notes Selman-Holman. These codes will bring you case mix points if they are listed in the first secondary position (M0240b).

Clear Up Hypertensive Kidney Disease Coding Confusion

Changes to the hypertensive kidney disease (403.xx) and hypertensive heart and kidney disease categories (404.xx) will correct a discrepancy resulting from changes made in the October 1, 2005 ICD-9-CM update effective currently.

Changes were made last year to the titles for the fifth digits of categories 403 and 404, but the new fifth digit 0 (Without chronic kidney disease) raised a problem, according to the September 30, 2005 **ICD-9-CM Coordination and Maintenance Committee** meeting diagnosis agenda. It isn't possible to have hypertensive kidney disease or hypertensive heart and kidney disease without having chronic kidney disease, the committee noted. As a result, the

Committee instructed coders to not use '0' in the fifth digit because it is invalid as it currently reads.

Time For A Change: Previously, the fifth digits for categories 403.xx and 404.xx indicated whether the patient had chronic renal failure. To synch up with changes made to category 585.x (Chronic kidney disease) which specifies the stage of chronic kidney disease, the fifth digits for categories 403.xx and 404.xx need to distinguish between the less severe stages of chronic kidney disease, and severe kidney disease and end stage renal disease, the committee concluded.

For example, with the newly revised titles for code 403.xx, coders can use fifth digit 0 to indicate patients with chronic kidney disease stage I through stage IV, or unspecified, says Adams. The fifth digit 1 indicates patients with chronic kidney disease stage V or end stage renal disease, she says.

Don't forget: Coders will still need to use an additional code from subcategory 585.1-585.9 to show the patient's specific stage of chronic kidney disease, reminds Adams.

The **American Health Information Management Association** (AHIMA) suggested dropping the fifth digit for categories 403.xx and 404.xx because coders will be required to code the stage of the chronic kidney disease anyway with the appropriate 585.x code.

Putting the information in the fifth digit of 403.xx and 404.xx is redundant, AHIMA said. Apparently the Coordination and Maintenance Committee disagreed with this stance because the codes are listed in the recently published tabular addenda as they were originally proposed.

The titles for both categories have also been changed. Code 403.xx now reads "Hypertensive chronic kidney disease" and 404.xx is "Hypertensive heart and chronic kidney disease." Category 585 will include an instruction to list the 403 code first.

For example: If your physician documents a patient with benign hypertension and stage III chronic kidney disease, you would report:

- 403.10 (Hypertensive chronic kidney disease; benign; with chronic kidney disease stage I through stage IV, or unspecified) and
- 585.3 (Chronic kidney disease, Stage III [moderate]).

ICD-9-CM assumes that hypertension and chronic kidney disease are related, says Selman-Holman. Code for the hypertension first with a code from the 403.xx category and follow this with the appropriate code for the stage of chronic kidney disease, she says.

Note: To sign up for Eli's Aug. 24 audio conference "2007 ICD-9 Coding Update for Home Health," call 1-800-508-2582.