

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

### ICD-9 2012: Nix these Diagnosis Codes or Risk Delays and Denials

You've boned up on the new and revised 2012 ICD-9 codes, but do you know which codes are no longer valid? Make certain you're not risking reimbursement by reporting one of these invalid diagnosis codes.

Edits will catch ICD-9 codes that are no longer valid and these claims will be rejected, said **Joanne Byron, LPN, BSNH, CHA, CHCO, CIBS, CMC, COBS, CPC, CPC-I, MCMC, PCS, CEO**, of the **American Institute of Healthcare Compliance, Inc. (AIHC)**. You'll have to correct and resubmit these claims, delaying payment, Byron said in the Eli-sponsored audioconference ICD-9-CM 2012 Diagnosis Coding Update. To avoid this disruption in revenue flow, make sure you know which ICD-9 codes will put the brakes on your reimbursement.

#### Drop this Unspecified E coli Code

E coli code 041.4 (Escherichia coli [E. coli] infection in conditions classified elsewhere and of unspecified site) is no longer a valid code.

You must now select a fifth digit when reporting 041.4x for E coli. Codes 041.41 (Shiga toxin-producing Escherichia coli [E. coli] [STEC] O157), 041.42 (Other specified Shiga toxin-producing Escherichia coli [E. coli] [STEC]), and 041.43 (Shiga toxin-producing Escherichia coli [E. coli] [STEC], unspecified) describe types of Shiga toxin-producing E. coli. This type of enterohemorrhagic E. coli bacteria can cause problems such as mild intestinal disease or severe kidney complications.

For other and unspecified E coli, you should now report 041.49 (Other and unspecified Escherichia coli [E. coli]).

As a whole, the non-O157 sero group is less likely to cause severe illness than E. coli O157; Byron said. However, some non-O157 STEC sero groups can cause the most severe manifestations of STEC illness. And while people of any age can become infected with STEC, very young children and the elderly are more likely to develop severe illness than others, she says.

#### Report Five Digits for Skin Neoplasm

All of the four-digit codes you once used to report other malignant neoplasm of skin are no longer valid. That means it's time to nix:

- 173.0 (Other malignant neoplasm of skin of lip),
- 173.1 (Other malignant neoplasm of eyelid, including canthus),
- 173.2 (Other malignant neoplasm of skin of ear and external auditory canal),
- 173.3 (Other malignant neoplasm of skin of other and unspecified parts of face),
- 173.4 (Other malignant neoplasm of scalp and skin of neck),
- 173.5 (Other malignant neoplasm of skin of trunk, except scrotum),
- 173.6 (Other malignant neoplasm of skin of upper limb, including shoulder),
- 173.7 (Other malignant neoplasm of skin of lower limb, including hip),
- 173.8 (Other malignant neoplasm of other specified sites of skin), and
- 173.9 (Other malignant neoplasm of skin, site unspecified).

Instead, you'll need to list a five-digit 173.xx code to indicate whether the malignant neoplasm is a basal cell carcinoma, squamous cell carcinoma, or other and unspecified.

The code changes related to skin neoplasms for 2012 are for non-melanoma conditions "other malignant neoplasms of the skin," Byron pointed out. The new, more detailed codes indicate whether the neoplasm is an unspecified malignant neoplasm, a basal cell carcinoma, a squamous cell carcinoma, or an other specified malignant neoplasm.

#### Watch for Invalid Pancytopenia and Pneumothorax Codes

Old, all-encompassing pancytopenia code 284.1 is no longer valid. Instead, list one of these five digit codes to describe the cause of this condition:

- 284.11 (Antineoplastic chemotherapy induced pancytopenia);
- 284.12 (Other drug-induced pancytopenia); or
- 284.19 (Other pancytopenia).

Also gaining fifth digits to add specificity, old code 310.8 (Other specified nonpsychotic mental disorders following organic brain damage) is now invalid. New code 310.89 (Other specified nonpsychotic mental disorders following organic brain damage) replaces 310.89 and an additional 310.8x code, 310.81 (Pseudobulbar affect) allows you to report this involuntary emotional expression disorder characterized by involuntary crying or uncontrollable episodes of crying and/or laughing, or other emotional displays specifically.

The code 310.81 includes an odd instruction: "Code first underlying cause, if known, such as: late effect of traumatic brain injury (907.0)." In most late effect situations, you should code the condition caused before the late effect code, says **Lisa Selman-Holman, JD, BSN, RN, HCSD, COS-C, HCS-O**, consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas. Remember that official instructions included in the tabular list trump even the coding guidelines.

The coding guidelines themselves were updated to instruct you to code the residual condition first, then the late effect "unless the classification indicates otherwise." This is an example where the classification indicates otherwise, Selman-Holman says.

Another "other" code that gets the axe in order to make way for greater specificity is 512.8 (Other spontaneous pneumothorax). New 512.8x codes provide more detail about the type of pneumothorax:

- 512.81 (Primary spontaneous pneumothorax);
- 512.82 (Secondary spontaneous pneumothorax);
- 512.83 (Chronic pneumothorax);
- 512.84 (Other air leak); and
- 512.89 (Other pneumothorax).

Stop reporting code 596.8 (Other specified disorders of bladder) for patients with bladder disorders. Instead, look to one of these more specific codes:

- 596.81 (Infection of cystostomy);
- 596.82 (Mechanical complication of cystostomy);
- 596.83 (Other complication of cystostomy); and
- 596.89 (Other specified disorders of bladder).

Additional newly invalid codes include:

- 286.5 (Hemorrhagic disorder due to intrinsic circulating anticoagulants);
- 425.1 (Hypertrophic obstructive cardiomyopathy);
- 444.0 (Embolism and thrombosis of abdominal aorta);
- 516.3 (Idiopathic fibrosing alveolitis);
- 518.5 (Pulmonary insufficiency following trauma and surgery);
- 631 (Other abnormal product of conception);
- 718.60 (Unspecified intrapelvic protrusion of acetabulum, site unspecified);
- 747.3 (Anomalies of pulmonary artery);
- 793.1 (Nonspecific [abnormal] findings on radiological and other examination of lung field);
- 795.5 (Nonspecific reaction to tuberculin skin test without active tuberculosis);
- 997.4 (Digestive system complications);

- 998.0 (Postoperative shock);
- 999.4 (Anaphylactic shock due to serum);
- 999.5 (Other serum reaction);
- V12.2 (Personal history of endocrine, metabolic, and immunity disorders);
- V13.8 (Personal history of other specified diseases);
- V19.1 (Family history of other eye disorders);
- V40.3 (Other behavioral problems).