

OASIS Alert

Diagnosis Coding: Be On The Lookout For More Long-Term Drug Use Codes

One OASIS item that changes once or twice a year is the selection of available ICD-9 codes--and it's crucial to stay up to date to avoid claims denials.

The **ICD-9 Coordination and Maintenance Committee** will hold its next meeting on March 23-24, and it will consider adding new ICD-9 codes for 10 conditions.

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**.

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.

- **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, steroids and a couple more, 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 would be important to HHAs, Selman-Holman notes.

These are 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) and including more codes under V58.3 (Attention to surgical dressings and sutures) to distinguish the specific type of care provided. It's not clear if these changes will be discussed at the March meeting.

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 request in September to implement any of the proposed codes April 1, so any new codes will take effect Oct. 1, CMS says.