

## OASIS Alert

### Diagnosis Coding: Ulcer, Diabetes Coding Changes Coming in 2009

**Your coding will get more complex when new codes take effect Oct. 1.**

If you've got the hang of coding for two of home care's most common issues -- diabetes and ulcers -- get ready for a new learning curve.

Come Oct. 1 ICD-9 will include more than 300 new diagnosis codes. Coders may welcome some more specific codes, but the added details and additional codes may make ulcers and diabetes more confusing to code.

**Pressure Ulcers:** Currently, when you choose a 707.0x (Ulcer of lower limbs, except decubitus) code for a pressure ulcer, you can indicate the site of the ulcer but not the stage.

**New way:** With the proposed changes, you'll be able to indicate the stage with the following new codes:

- 707.21 (Pressure ulcer, stage I);
- 707.22 (Pressure ulcer, stage II);
- 707.23 (Pressure ulcer, stage III); and
- 707.24 (Pressure ulcer, stage IV).

These new codes will better identify the level of care required by the clinician, says certified coder **Shelley C. Safian**, program director and instructor with **Herzig College** in Longwood, FL.

**Drawback:** These codes could make ulcer coding even more complicated. Because you can't reverse stage an ulcer, these codes won't show the progress of the ulcer, says certified coder and attorney **Lisa Selman-Holman** of **Selman-Holman & Associates** in Denton, TX. So, for example, if the ulcer is stage IV, you would always code it as stage IV -- even once it has healed, she says.

**Diabetes:** CMS will introduce 20 long-awaited new codes to represent secondary diabetes conditions (249.00-249.91). This is an acknowledgement that other underlying conditions can create a diabetic situation, says Safian. These conditions include cystic fibrosis, malignant neoplasms and genetic disorders.

You'll need to include five digits to completely code for secondary diabetes when these new codes go into effect. The fourth digit indicates the diabetic manifestation while the fifth digit indicates whether the diabetes is controlled. For example, 249.50 indicates secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified.

The manifestations mimic the manifestations under code 250, says Selman-Holman. Many of the manifestations of diabetes are case mix diagnoses, so it will be interesting to see whether CMS will include the etiology of 249 as an acceptable etiology for the manifestations, she says.

**Use with caution:** Home health coders won't often use these new diabetes codes, predicts certified coder **Sharon Bonner** with **Supportive Care Solutions** in Southfield, MI. Only 1 to 5 percent of diabetes cases are secondary diabetes, and in home care, the percentage is likely even less, she says. So don't jump to use these new codes without solid documentation.

**More New Codes To Learn**

**Leukemia:** You'll find dozens of new leukemia codes on the list, which expand diagnosis coding options for this disease. For in-stance, new code 207.02 (Acute erythremia and erythro leukemia, in relapse) is more specific than the 2007 code 207.0x (Acute erythremia and erythro leukemia). Because the leukemia codes now earn case mix points, CMS should also include the additional digits for these codes as case mix diagnoses, Selman-Holman says.

**Oncology:** The 2009 ICD-9 manual could feature an entirely new section, if the proposed codes are made final this August.

The new oncology code section is in the 209.00 to 209.69 range, and includes 43 new codes that represent both malignant and benign carcinoid tumors of various sites.

**Headaches:** You'll find an expanded section in the proposed ICD-9 codes that represent headache and migraine codes such as 346.43 (Menstrual migraine, with intractable migraine, so stated, with status migrainosus) and 339.85 (Primary stabbing headache).

**Personal history:** Eleven new personal history codes underline the importance of documenting and tracking personal health information including history of pertinent conditions to ensure proper follow-up, says Safian. Codes such as V13.51 (Personal history of pathologic fracture) will help track patients who need preventative care, she says. Calcimar injections are covered under the home health benefit when there is a history of spontaneous fractures, so you'll be able to use this code to indicate a patient with such a history, Selman-Holman says.

Most of the deletions are simply diagnoses that will be replaced by more specific codes. For instance, V15.5 (Personal history of injury) will be deleted, but new code V15.59 (Personal history of other injury) will take its place.

**Underlying message:** The biggest theme the many new and changed codes offer is to prepare for ICD-10, says Safian. The new codes require more specific information just as ICD-10 coding will. And the need for specificity will require more conversation between coding staff and clinicians, she says.