

OASIS Alert

ICD-9 2012: ICD-9 2012 ICD-9 2012: Master New V Codes, Complication Codes and More

New guidelines warn against coding complications "just because."

The 2012 update marked the last hurrah for new ICD-9 codes as the transition to ICD-10 ramps up. Changes for fiscal year 2013 are expected to be minimal (emergency updates only), but changes for 2012 have been plentiful. Make sure you're on top of the changes you should know to properly complete M1020/M1022.

Learn these New Bladder Disorders Codes

Four new codes for other disorders of the bladder include specific complication codes for cystostomies and are likely to be used in home health. Look for 596.81 (Infection of cystostomy), 596.82 (Mechanical complication of cystostomy), 596.83 (Other complications of cystostomy) plus 596.89, (Other specific disorders of the bladder) which includes bladder hemorrhage, bladder hypertrophy, calcified bladder or contracted bladder.

Note: The V codes for routine care of the cystostomies and urostomies are case mix, but CMS did not provide case mix status to the complication codes.

Take Note of Complications Changes

Several new and more specific complication codes may be useful in home health, particularly as inpatient diagnoses in M1010, says **Judy Adams, RN, BSN, HCS-D, COS-C** with **Adams Home Care Consulting** in Chapel Hill, N.C. These include:

- 996.88 -- Complication of transplanted stem cell;
- 997.32 -- Postprocedural aspiration pneumonia;
- 997.4 -- Retained cholelithiasis following cholecystectomy;
- 997.49 -- other digestive system complications;
- 998.00 -- 998.09, types of postoperative shock;
- 999.32 -- Bloodstream infection due to central venous catheter;
- 999.33 -- Local infection due to central venous catheter;
- 999.34 -- Acute infection following transfusion, infusion or injection of blood and blood products.

New codes 999.32 and 999.33 improve upon old code 999.31 (Infection due to central venous catheter) by allowing you to specify whether the infection is of the bloodstream or local, says **Jennifer Warfield, BSN, HCS-D, COS-C**, education director with **PPS Plus Software** in Biloxi, Miss.

Update: Changes to the official coding guidelines warn against coding complications "just because," says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas. Choose the codes based on the documented relationship between the condition and the care or procedure your agency is providing.

This complications guideline extends to any complications of care, regardless of which chapter includes the corresponding code, Selman-Holman says. But not all conditions that occur during or following medical care or surgery are classified as complications. The documentation must show a cause-and-effect relationship between the care provided and the condition, and it must indicate that the condition is a complication.

Bottom line: Request clarification, if the complication is not clearly documented, the guidelines advise.

Know These New V Codes

V code changes most likely to impact home health include:

- V12.55 -- History of pulmonary embolism.
- V40.31 -- Wandering in diseases classified elsewhere.
- V54.82 -- Aftercare following explantation of joint prosthesis. This will be useful when a joint prosthesis is removed generally following persistent infection and replaced with an antibiotic spacer, Adams says.
- V58.68 " Long term (current) use of bisphosphonates. (A class of drugs used to treat bone loss like osteoporosis.)
- V88.21 -- Acquired absence of hip joint (removal of the hip prosthesis).
- V88.22 -- Acquired absence of knee joint (removal of the hip prosthesis).
- V88.29 -- Acquired absence of other joint (removal of the hip prosthesis).

V codes V54.82 and V88.2x help to clarify when reporting aftercare for patients who have had their hip prostheses removed, says **Therese Rode, RHIT, HCS-D**, senior coding manager with **Inova VNA Home Health** in Falls Church, Va. Previously, the closest you could come to describing these patient's aftercare needs and non-ambulatory status were V58.43 (Aftercare following surgery for injury and trauma) and V46.3 (Wheelchair dependence). The new combination does a better job of describing these patients, Rode says.

Take note: None of the V code changes are case mix, however CMS added V54.82 to the list of eligible V codes opening use of diagnosis code payment item M1024, Selman-Holman says. But the underlying diagnoses to V54.82, complications of joint replacements, are not case mix.

Also of interest to home health agencies are:

- New arterial embolism codes at 415.13 (Saddle embolism of pulmonary artery), 440.01, (Saddle embolism of aorta), and 444.09 (Other arterial embolism and thrombosis of abdominal aorta).
- New codes for influenza due to identified novel influenza A virus with pneumonia, other respiratory manifestations, or with other manifestations in the code range 488.81-488.89.
- New code 508.2 (Respiratory complications due to smoke inhalation).
- New pneumothorax codes at 512.81-512.89 which may be useful as inpatient diagnoses or for that patient who comes home with a chest tube.
- New code 573.5 (Hepatopulmonary syndrome).
- Two more specific codes related to complications of implanted vaginal mesh and other prosthetic materials into the vagina (629.31-629.32).
- New code 726.13 (Partial tear of a rotator cuff) will very likely be a welcome addition to the available codes for home health agencies, Adams says.

For a more detailed look at all the new 2012 ICD-9 codes, see Eli's Home Health ICD-9 Alert. Information on subscribing is online at www.elihealthcare.com.