

OASIS Alert

Wound Assessment: ICD-9 CHANGE DISRUPTS CODE 998.3

Starting now, your clinicians will have to be more specific than they're used to when coding for disruption of operation wounds and if they don't, you'll be facing a pile of returned claims.

The code that previously indicated disruption of an operation wound 998.3 is being split into 998.31 and 998.32 under the new ICD-9 code changes. The .31 code represents disruption of an internal operation wound, while 998.32 represents disruption of an external operation wound.

The fifth digit adds another layer of specificity to a previously fairly general code, explains consultant **Joan Usher** with **JLU Health Record Systems** in Pembroke, MA. The good news is that the rationale behind the change won't be difficult for clinicians to master, she predicts.

Home health agencies usually deal with external operation wounds more than internal ones, so 998.32 will be the correct code most of the time, Usher notes. Once you explain the change to clinicians, they should be good to go, she tells **Eli**.

However, if clinicians don't get the message and continue to use the old code, your agency will start seeing a lot of bounced-back claims, warns consultant **Pat Sevast** with **American Express Tax & Business Service** in Timonium, MD. That's because the four-digit code no longer will be valid once Oct. 1 comes and goes.

And unless you make the change to one of the new five-digit codes, fiscal intermediaries will send back all the claims for services with 998.3 on them, which will throw a wrench into your billing system, Sevast says.

Agencies will have a bit of time to get used to the new codes, according to a **Centers for Medicare & Medicaid Services** program memo (AB-02-085). Medicare allows a grace period from Oct. 1 to Dec. 31 where "Medicare systems must accept both the old and new ICD-9-CM codes," the memo notes.

But consultant **Prinny Rose Abraham** with **HIQM Consulting** in Minneapolis reports that regional home health intermediaries generally start returning claims that contain the old codes immediately after they update their coding table files.

To ensure your agency makes the transition from 998.3 to 998.31/32 smoothly, compile a list of all open cases that include the 998.3 code, Sevast instructs. "Most agencies have the ability within their software systems to run some kind of report" that will yield this information, she notes.

Once you have this list, consult the clinical record for each patient to determine whether you're dealing with an internal or external operation wound, and replace the old code with the appropriate new one, Sevast counsels.

If your agency uses an ICD-9 code table, you'll need to update that table and if you use an automated system, make sure it's been updated, she reminds agencies.

Also, insist that your clinicians use updated code books and reference materials, Sevast advises. Otherwise, they might continue using the old code and "they'll just keep getting the bills kicked back," she points out.