



West Virginia University
Physicians of Charleston

Introduction to ICD-9 Code Selection

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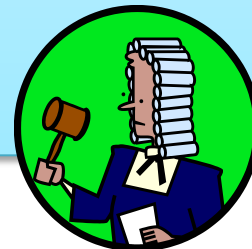
Summer 2010

Legal Stuff



The information provided here is personal opinion only and should not be construed as legal advice. Each provider is ultimately responsible for bills submitted under their NPI numbers. For specific legal guidance on any billing issue, consult with your Medicare Carrier and/or your health care attorney.

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What is ICD-9?

- International Classification of Diseases, ninth revision
- A translation of medical terminology for diseases and procedures into a numeric code
- National standard coding language used to define the patient's condition, diagnosis, disease, injury or other reason for medical treatment.

Reason for ICD-9

- Tracking of morbidity and mortality to assess international health and disease trends
- To assist 3rd party payors in claim reimbursement by defining a patient's condition
- To accurately identify injuries and accidents





Structure of ICD-9

There are 3 volumes of ICD-9 published each year.

Volume 1- Tabular Listing: Diagnosis

Volume 2- Index to Diseases: Diagnosis

Volume 3- Index to Diseases and Tabular list:
Procedures (this is for hospital use only)

Appendices to Volume 1

Appendix A- Morphology of Neoplasm's

Appendix B- n/a

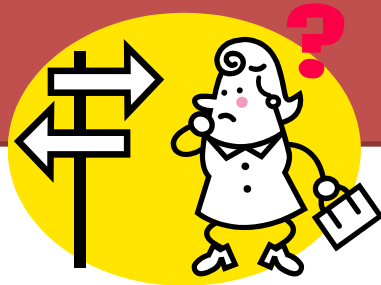
Appendix C- Classification of Drugs

Appendix D- Classification of Industrial Accidents

Appendix E- Listing of 3 digit ICD-9 codes



Selecting an ICD-9 Code

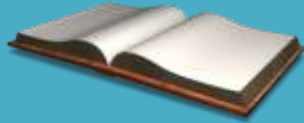


The following information was taken directly from the ICD-9 Expert Edition published by the AAPC.



Identify the Reason

- Identify the reason for the patient's visit. Sign, symptom, diagnosis and/or condition to be coded
- Do not code conditions that are referred to as, "possible" or "rule out"
- Only use defined symptoms, illnesses or diseases such as, pain, fever, or blurry vision etc...
- Do not try to search under the location such as, wrist, leg, or arm etc..



Main Terms

- Using Volume 2 look up the main term for the patient's reason for the visit as identified in Step 1
- The condition to search for is expressed in nouns, adjectives and eponyms.
- Do not search for a code using the body area or location (it won't be listed)

Using the Index

- Using Volume 2, the alphabetically index to start your search for the correct code
- Looking up the term such as pain, fracture, obstruction, etc..
- You must use both Volume 1 & 2 to select the most accurate code available



Verifying Using Volume 1

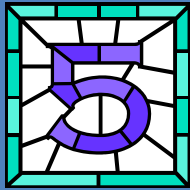
- Once you have identified the appropriate code in the Volume 2 index then review that code in Volume 1, tabular listing
- Review the notes for the code under the tabular listing
- Making sure that you code to the highest level of specificity

Example



Patient Condition: Abdominal Pain

- In the tabular listing look up the term, “pain” followed by the location, “abdominal”.
- 789.0 **v** is what you will find the **v** lets you know that you need a fifth digit to use this code correctly
- Locate 789.0 in the tabular listing to find the 5th digit



Selecting a 5th digit

Volume 1 Tabular list states the following:

789.0 ✓ Abdominal pain
Cramps, abdominal

Using the “box” at the beginning of the 789. code set you need to select the specific location of the pain

- 0- unspecified site
- 1- right upper quadrant
- 2- left upper quadrant
- 3- right lower quadrant
- 4- left lower quadrant
- 5- periumbilic
- 6- epigastric
- 7- generalized
- 0- other specified site

Example: 789.04 would
be appropriate for
“abdominal pain in the
left lower quadrant

Exceptions

- As with anything there are exceptions to every rule.
- Reading each instruction or guideline associated with the code is key
- “Code first” instructions, or “code also” are common in infections and chronic diseases
- Etiology and manifestation combinations are common in diabetes and other diseases



Instructional Notes

- Listed with each code are guidelines or “instructions” on the use of the code



Example: A patient with severe sepsis

995.92 states that you need to “code first the underlying infection”. You would need an additional code that describes the infection. Such as a UTI (599.0), Pneumonia (486) etc..

Clinical Example

A patient presents for care with abdominal pain she has had for 2 weeks. She has no history of a similar complaint. BS done today indicates that her DMI is uncontrolled on insulin. BP is well controlled on medication.



789.00 Abdominal pain, etiology unknown

250.03 Insulin-dependent diabetes mellitus, uncontrolled

401.9 Hypertension, controlled

Hypertension Table

- This table contains a listing of conditions that are due to, or associated with hypertension

Headings in the table

- Malignant- accelerated, severe form of HTN
- Benign- mildly elevated BP
- Unspecified- has not been specified as malignant or benign



Neoplasm Table

- This table is broken down into 4 categories
 - **Malignant**- severe form having the property for destructive growth and metastasis
 - **Primary**- original location or site of malignancy
 - **Secondary**- area where it has spread
 - **Carcinoma In Situ**- contained or confined to original site or location
 - **Benign**- non-malignant
 - **Uncertain Behavior**- pathology has been unable to determine the type
 - **Unspecified**- insufficient data to be able to categorize

Coding Neoplasm

- For a malignant neoplasm, determine the primary and secondary sites but code the site being treated. (if the 2nd location is the primary reason for care, select the code from the secondary column and code it first)
- When information regarding primary site is unavailable use 199.1

Example:

A patient is treated for metastatic breast cancer of the left, lower-outer quadrant that originated from the middle lobe of the lung.

198.81 Secondary malignance of lower-outer quad of breast

162.4 Neoplasm, primary middle lobe of lung

Table of Drugs and Chemicals

- This is a listing of specific types of agents that can cause a reaction or poisoning if taken incorrectly or in error
- Code first the identity of the manifestation
- The second code to identify the drug causing the reaction



Index to External Causes of Injuries and Poisonings

- Used to classify environmental events, circumstances, and other conditions as the cause of injury or adverse effect
- E codes
 - E850-E858 Accidental poisoning
 - E930-E949 Therapeutic Use
 - E950-E952 Suicide Attempt
 - E960-E969 Assaults
 - E980-E959 Undetermined



Poisoning and Adverse Effect of Drugs

- When a prescription medication or drug is taken as prescribed and the patient developed a reaction
- Code the effect first, then the appropriate E code



Example of Drug Reaction

25y old female was given trimethobenzamide HCl capsules for severe nausea and vomiting. She developed dizziness and headache. Patient returned to doctor for change in meds.

780.4 dizziness

339.3 Drug induced headache

E933.0 Anti-allergic and antiemetic drugs causing adverse effect
in therapeutic use



Example of External Cause

35y old female falls through a plate glass window at home and sustains a deep 4in laceration on upper arm.

880.03 Open wound of upper arm, w/o complication

E882 Accidental Fall from or out of a building

E849.0 Place of occurrence, home

V codes

Used when the circumstances of the encounter are due to something other than a disease or injury.

Such as:

- Pt is not currently ill (wellness visit)
- Problem or circumstance that could influence the pt's health in the future (family history of colon cancer)
- Long term condition requiring continuous care (Coumadin therapy)
- Newborns to indicate birth status
- Encounters for after care services (chemotherapy)



V Codes Examples

1. V12.51 personal history of DVT
2. V07.4 Long term use of hormone therapy
3. V30.01 Single Live born, in hosp by C-section
4. V01.1 Exposure to TB
5. V04.81 Need for prophylactic , influenza
6. V09.0 Infection with penicillin resistance
(used in conjunction with the infection code)

Diagnosis Coding

- Diagnosis coding does not drive the amount of payment made by third party payors, however it is used to determine if the service is payable, or who may be responsible for payment.
- For example, in an accident the pt's homeowner's insurance may be responsible or the pt's policy may not cover items/visits related to obesity.



ICD-10 is coming

- October 1, 2013 ICD-10 will replace ICD-9
- Adding an additional 45,000 codes
- Changing from 3-5 characters to 3-7 characters
- Very specific code sets and levels
- Providers will need to be more specific in their documentation of the reason for the visit, and/or condition specific details (see examples)

Examples of ICD-10 codes

Examples:

M71.031 Abscess of bursa, right wrist

M71.032 Abscess of bursa, left hip

T50B96A Under-dosing of viral vaccine (1st encounter)

J10.81 Influenzal gastroenteritis

M12.152 Kaschin-Beck disease left hip

M12.151 Kaschin-Beck disease right hip

M32.11 Endocarditis in systemic lupus erythematosus

M32.12 Pericarditis in systemic lupus erythematosus

M32.13 Lung involvement in systemic lupus erythematosus



Reminders

- Don't code a diagnosis that has not been confirmed, for example: HIV should not be coded unless it has been confirmed
- Hypertension and elevated blood pressure are not the same thing, one is a confirmed disease and one is a condition that the patient may only have at the moment
- Alcohol abuse and alcohol dependence are not the same
- When coding for obesity the BMI of the patient needs to be coded
- Read each coding guidelines carefully for additional instructions
- Clearly state in the medical record the symptoms or condition of the patient

Sources

- 1 . “Deciphering Codes: Fraud & Abuse for Coders and Coding Insight for Healthcare Lawyers”, 1st Edition, Editors: Rhonda Buckholtz and Robert A Pelaia
2. “ICD-9”, Expert for Physician Coding, Publisher: AAPC
3. www.cms.org
4. www.palmettogba.com
5. ICD-10-CM Preview, Publisher: AHIMA

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