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ICD-9 Codes: Time for the Annual Update

Put the new and revised codes to use in your practice on Oct. 1.

Like clockwork, on Oct. 1, new and revised ICD-9 codes take effect and others are deleted. This year an array of codes have been expanded upon to help you report symptoms more specifically. Here are the highlights of this year's update that are most pertinent to family physicians.

Expansions and additions

The expansion of existing code sets and the creation of new codes for 2008-2009 will allow physicians to be more specific in reporting common symptoms and conditions such as plantar warts, headaches and fevers.

Warts. You no longer need to report code 078.19, "other specified viral warts" for plantar wart. Instead, code 078.12 has been added to allow specific identification of the diagnosis of plantar wart. Reporting of genital warts has been moved from 078.19 to 078.11, "condyloma acuminatum."

ICD-9 CODING TOOLS

FPM's ICD-9 coding references have been updated and expanded to comply with the ICD-9 code changes that take effect Oct. 1.

You'll find the updated versions of "ICD-9 Codes for Family Medicine: The Short List" and "ICD-9 Codes for Family Medicine: The Long List" online at <http://www.aafp.org/fpm/icd9>.

A version of the "Short List" printed as a reference card will be distributed with the November/December issue of FPM.

The ICD-9 lists were developed by Allen Daugird, MD, MBA, Donald Spencer, MD, MBA, and Philip S. Whitecar, MD.

Headache syndromes. While code 784.0, "headache," remains valid, there are new codes to use when documenting headache syndromes. The new category, "other headache syndromes," uses codes 339.00 to 339.89. This series of codes is used to report episodic or chronic cluster headaches, tension-type headaches, post-traumatic headaches, drug-induced headaches, and cough and exertional headaches.

Codes for migraine headaches have been expanded in 2008-2009. New codes 346.30 to 346.73 have been added to report hemiplegic, menstrual, persistent and chronic migraines more specifically. Codes in the 346 series may be accompanied by these new fifth digits:

- 0 Without mention of intractable migraine or status migrainosus,
- 1 With intractable migraine, so stated, without mention of status migrainosus,
- 2 Without mention of intractable migraine with status migrainosus,
- 3 With intractable migraine, so stated, with status migrainosus.

Fever. Code 780.6 is now invalid for reporting fever of unknown origin. This has been expanded to a series of five-digit codes that indicate fever and other physiologic disturbances of temperature. These include the following:

- 780.60 Fever, unspecified (includes fever with chills),
- 780.61 Fever with conditions classified elsewhere (code first the underlying condition),
- 780.62 Post-procedural fever (excludes fever with known infection),
- 780.63 Post-vaccination fever,
- 780.64 Chills without fever (excludes chill with confirmed infection).

Hematuria. This is another symptom for which new codes have been added:

- 599.70 Hematuria, unspecified,
- 599.71 Gross hematuria,
- 599.72 Microscopic hematuria. ►

Cervical, vaginal and anal Pap smears and human papillomavirus DNA testing codes have been expanded and updated.

Secondary diabetes. Previously reported with code 251.8, diabetes resulting from other disease processes or from drug or chemical use should now be reported using codes 249.00 to 249.91. This code series is formatted like the 250.XX series; the fourth digit indicates manifestations of the disease while the fifth digit indicates whether it is controlled or uncontrolled.

Skin and soft tissue. “Decubitus ulcer” is now called “pressure ulcer” in codes 707.00 to 707.09, which indicate the location of an ulcer. These should be reported in addition to new codes 707.20 to 707.24, which describe the stages of a pressure ulcer. Another new code, 707.25, indicates that a pressure ulcer is unstageable.

Code 729.9 is now invalid. Instead report 729.90, “unspecified disorders of soft tissue.”

Staph infections. Codes have been added and changed for 2008-2009 to better assist the Centers for Disease Control and Prevention in tracking the trends of methicillin-resistant staphylococcus aureus infections. Changes of note include the following:

- 038.11 Methicillin-susceptible staphylococcus aureus septicemia,
- 038.12 Methicillin-resistant staphylococcus aureus septicemia,
- 041.11 Methicillin-susceptible staphylococcus aureus infection in conditions classified elsewhere and of unspecified site,
- 041.12 Methicillin-resistant staphylococcus aureus infection in conditions classified elsewhere and of unspecified site,
- 482.41 Methicillin-susceptible pneumonia due to staphylococcus aureus,
- 482.42 Methicillin-resistant pneumonia due to staphylococcus aureus,
- V02.53 Carrier or suspected carrier of methicillin-susceptible staphylococcus aureus,
- V02.54 Carrier or suspected carrier of methicillin-resistant staphylococcus aureus,
- V12.04 Personal history of methicillin-resistant staphylococcus aureus septicemia.

About the Author

Cindy Hughes is the coding and compliance specialist for the AAFP and is a contributing editor to *Family Practice Management*. Author disclosure: nothing to disclose.

Functional limitations in the elderly. Code 780.72 has been added for functional quadriplegia and 788.91 has been added for functional urinary incontinence. Other symptoms involving the urinary system such as vesical pain should be reported with code 788.99.

Changes to the V codes

Several V codes have changed for 2008-2009:


Cytological exams. New codes have been added to help identify a post-surgical status that reflects the indication for a cervical Pap smear or vaginal smear:

- V88.01 Acquired absence of both cervix and uterus,
- V88.02 Acquired absence of uterus with remaining cervical stump,
- V88.03 Acquired absence of cervix with remaining uterus.

Cervical, vaginal and anal Pap smears and human papillomavirus DNA testing codes have been expanded and updated. Codes 795.00 to 795.08 apply to cervical cytology findings and now include 795.07, which indicates a cervical smear that is satisfactory but lacking transformation zone. Code 795.1 has been supplanted by codes 795.10 to 795.19 for vaginal cytology findings. Codes 796.71 to 796.79 provide for reporting of anal cytology findings. New code 569.44 indicates dysplasia of anus.

Personal history. “Personal history of a pathological fracture” is now code V13.51 and “personal history of a stress fracture” is now V13.52. Code V13.51 may be used in addition to osteoporosis codes 733.00 to 733.09 in patients with a history of pathological fracture to indicate an increased risk of a repeat fracture. Personal history of a healed traumatic fracture is reported with code V15.51. New codes for family disruption caused by military deployment and return from military deployment have also been added.

Put the new codes into practice

Coding and documentation can be a burdensome task, but I hope this article and the latest version of *FPM*'s popular ICD-9 coding tools (see “ICD-9 coding tools” on page A3 for more information) help you get properly paid for the services you provide. 

Send comments to fpmedit@aafp.org.