



ICD-9 2010: New and Noteworthy Codes

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While the upcoming transition to ICD-10 may have your attention, don't forget to make the annual update to your ICD-9 list on Oct. 1. (And if ICD-10 *doesn't* have your attention, it should. Watch *FPM* for updates.) The expansion of existing ICD-9 code sets and the creation of new codes for 2009-2010 will help you to report a range of conditions more specifically. Here are highlights of the changes most relevant to family physicians:

Well-child and pre-birth codes. Add V20.31 and V20.32 to your well-child visit codes. V20.31 should be used to report health supervision services for newborns less than eight days old and V20.32 is for the same services but for babies eight to 28 days old. Continue to use V20.2 for well-child visits with older infants and children.

Immunizations. For a well visit with a patient who is behind on immunizations, V15.83 may be added to report a history of underimmunization.

Laboratory examinations. Code V72.6, laboratory examination, is now invalid without a fifth digit. The new five-digit codes are V72.60, "unspecified laboratory examination"; V72.61, "antibody response examination"; V72.62, "laboratory examination ordered as part of a routine general medical examination"; V72.63, "pre-procedural laboratory examination"; and V72.69, "other laboratory examination."

Problems in newborns and children. Nursemaid's elbow should now be reported with code 832.2, which indicates a subluxation of the radial head. This is a change from last year's instruction to code the problem as a closed elbow dislocation.

Torus or buckle fractures should be reported with the following codes:

- 813.45 Torus fracture of radius (alone),
- 813.46 Torus fracture of ulna (alone),
- 813.47 Torus fracture of radius and ulna.

Report a torus fracture of the humerus with code 812.49, "fracture of humerus, lower end, closed, other."

Care provided to infants who exhibit symptoms of a life-threatening event such as cyanosis and apnea without an identified cause can now be tracked with code 799.82, "apparent life threatening event in infant."

For infants with feeding problems, you'll need to add a fifth digit to code 779.3 to comply with the 2009-2010 changes:

- 779.31 Feeding problems in newborn,
- 779.32 Bilious vomiting in newborn,
- 779.33 Other vomiting in newborn,
- 779.34 Failure to thrive in newborn.

Colic and other gastrointestinal problems. The new code for colic, 789.7, can be reported for colic in any age group, including newborns. Codes for other gastrointestinal problems and complications have been added for use with patients of any age:

- 569.71 Pouchitis,
- 569.79 Other complications of intestinal pouch,
- 569.87 Vomiting of fecal matter,
- 787.04 Bilious emesis.

Conjunctivitis. This year, new codes will allow for better tracking of the incidence of conditions and the outcomes of their treatment. This is the case for new code 372.06, "acute chemical conjunctivitis," which allows for specific coding of the condition instead of

reporting it more generally under old code 372.01, "serous conjunctivitis, except viral."

Gout. Code 274.0, "gouty arthropathy," has been expanded to allow for classification according to acute or chronic status and with or without tophi. This change is to enable better tracking of outcomes, which will aid the current development of new products for treating gout. Code 274.0 is no longer valid without a fifth digit. Use these codes instead:

- 274.00 Gouty arthropathy, unspecified,
- 274.01 Acute gouty arthropathy,
- 274.02 Chronic gouty arthropathy without mention of tophus (tophi),
- 274.03 Chronic gouty arthropathy with tophus (tophi).

Embolisms. New codes also allow for more precise coding of embolisms. Codes 453.50 to 453.89 now specify acute or chronic and include codes for axillary, subclavian, internal jugular, thoracic veins and lower extremity vessels. New code 416.2 allows for reporting a chronic pulmonary embolism. You should report code V58.61, "long-term (current) use of anticoagulants," in addition to 416.2 when applicable.

Puerperal infection. New expanded codes allow for reporting major puerperal infections according to the manifestation. These include 670.1X, "puerperal endometritis"; 670.2X, "puerperal sepsis"; 670.3X, "puerperal septic thrombophlebitis"; and 670.8X, "other major puerperal infection." Codes in the 670.0X series are revised to reflect an unspecified major puerperal infection. For each of these codes, the X represents the need to add one of the following fifth digits:

- 0 Unspecified as to episode of care or not applicable,
- 2 Delivered, with mention of postpartum complication,
- 4 Postpartum condition or complication.

Inconclusive mammogram. An inconclusive mammogram should now be reported with code 793.82.

Emotional signs and symptoms. You can now choose from among a broader range of codes that describe a patient's emotional state:

- 799.21 Nervousness,
- 799.22 Irritability,

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- 799.23 Impulsiveness,
- 799.24 Emotional lability,
- 799.25 Demoralization and apathy,
- 799.29 Other signs and symptoms involving emotional state.

If these signs and symptoms are inherent in a diagnosed condition, such as depression, they should not be separately reported. If the signs and symptoms are related to a patient history of traumatic brain injury, report also code V15.52, "personal history of traumatic brain injury."

Speech disturbances. Finally, dysphonia, hoarseness, hypernasality, hyponasality and dysarthria are no longer lumped into nonspecific codes. Report these conditions more specifically with the following codes:

- 784.42 Dysphonia,
- 784.43 Hypernasality,
- 784.44 Hyponasality,
- 784.51 Dysarthria,
- 784.59 Other speech disturbance (such as dysphasia or slurred speech).

H1N1. Last but not least, the addenda for this year's changes includes an expansion of code 488. It is now a category, with two new codes added: 488.0, "influenza due to identified avian influenza virus," and 488.1, "influenza due to identified novel H1N1 influenza virus."

Get your new ICD-9 book and make the necessary updates to your billing systems and superbills by Oct. 1. Before we know it, this entire system of codes will be history and we'll be learning ICD-10. Luckily, we have until Oct. 1, 2013, before we have to start incorporating that code set. In the meantime, we will be developing tools and educational resources to help with the transition. **FPM**

Send comments to fpmedit@aafp.org.

ICD-9 CODING TOOLS

FPM's ICD-9 references have been updated to comply with the changes that take effect Oct. 1. "ICD-9 Codes for Family Medicine: The Short List" appears with this article in our digital edition and as a tear-out reference card in our print edition. It is also available on our web site at <http://www.aafp.org/fpm/icd9>, along with our "Long List," superbill and PDA reference.

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