ONE LAST ANNUAL ICD-9 UPDATE

The ICD-9 codes that take effect Oct. 1 will be the last. ICD-10 will be implemented in 2013.

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This is it! It’s time for the last annual ICD-9 code update. Barring the emergence of a new disease for which a new code would be needed, with this update the codes are frozen to allow time to prepare for the new ICD-10 code set. Once you’ve made these changes to your encounter forms and superbills, you should turn your attention to learning about ICD-10. Look for help in upcoming issues of FPM, where we will offer information and documentation tips to help you with the transition.

In the meantime, we bring you the usual annual ICD-9 updates. You can view FPM’s updated ICD-9 “Short List” at right, or download it and the “Long List” version at http://www.aafp.org/fpm/icd9.

**E. coli infection codes.** Four new codes give physicians the ability to clearly specify *Escherichia coli* infections based on the identification of Shiga toxin-producing *E. coli* or other *E. coli*:

- 041.41 Shiga toxin-producing *E. coli* O157,
- 041.42 Other specified Shiga toxin-producing *E. coli*,
- 041.43 Shiga toxin-producing *E. coli*, unspecified,
- 041.49 Other and unspecified *E. coli*.

**Skin codes.** Each of the 10 codes in the 173 series for malignant skin cancers has been expanded this year to include a fifth digit: “0” indicates an unspecified malignant neoplasm, “1” indicates a basal cell carcinoma, “2” indicates a squamous cell carcinoma, and “9” indicates an other specified malignant neoplasm. These changes provide 40 code options for reporting basal cell, squamous cell, other specified and unspecified malignancy by site.

Pilar and trichilemmal cysts should now be reported differently from sebaceous cysts by reporting code 704.41, “Pilar cyst,” and code 704.42, “Trichilemmal cyst.” Sebaceous cysts should still be reported with code 706.2.

**Dementia codes.** To report dementia of unknown etiology, physicians may now report one of two new ICD-9 codes: 294.20, “Dementia, unspecified, without behavioral disturbance,” or 294.21, “Dementia, unspecified, with behavioral disturbance.” The latter code includes aggressive, combative and violent behaviors and wandering off.

For patients with mild memory disturbance, report new code 310.89, “Other specified nonpsychotic mental disorders following organic brain damage.” This code replaces code 310.8, which is no longer valid. Other new codes in this category include 310.81, “Pseudobulbar affect,” and 331.6, “Corticobasal degeneration.”

**Pregnancy and labor codes.** Two new codes identify deliveries that occur earlier than 39 weeks gestation. Those are new code 649.81, “Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section, delivered, with or without mention of antepartum condition,” and new code 649.82, which indicates the same scenario but with mention of postpartum complication.

Make note of these additional new obstetrics codes:

- V12.21 Personal history of gestational diabetes,
- V23.42 Pregnancy with history of ectopic pregnancy,
- V23.87 Pregnancy with inconclusive fetal viability,
- 631.0 Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy,
- 631.8 Other abnormal products of conception.

**On to ICD-10**

As you make these changes to your coding tools and documents, make a note of all the places where diagnosis codes are used. These must be revised to include ICD-10 codes before Oct. 1, 2013. You can find a sample ICD-10 transition plan at http://bit.ly/ICD10trans.

If this and all the other changes in health care today are wearing on you, be sure to get lots of rest and some assistance from FPM and the AAFP. We don’t want your first ICD-10 diagnosis code to be Z56.6, “Other physical and mental strain related to work.”

Send comments to fpmedit@aafp.org.

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