PRINCIPLES OF DIAGNOSIS CODING

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ICD

- International Classification of Diseases
- A product of the World Health Organization (WHO)
- Used for coding of diagnoses
- USA using 9th modification for past 20 years
- Moving to ICD-10-CM Oct 1 2015
- Rest of world has been on ICD-10 for past 20 years

ICD-9-CM

- "International Classification of Diseases, 9th Revision, Clinical Modification"

- ALWAYS 3 digits
- SOME codes have 1-2 additional digits, placed after the 3 digits, separated by a period
- ALWAYS numeric – not alphanumeric

- Example: 733.99

ICD-9 CM

- Diseases
- Conditions
- Complaints
- Signs
- Symptoms
- Circumstances

OVERALL CONCEPTUAL ORGANIZATION OF ICD-9 CODING

- (001-139) Infectious and Parasitic Diseases
  - 041.9 Bacterial Infection
  - 078.19 Verruca/Wart
  - 110.1 Onychomycosis
- (140-239) Neoplasms
  - 172.7 Malignant Melanoma
  - 238.2 Neoplasm, Skin, Uncertain Behavior
- (240-279) Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders
  - 250.62 Diabetic Neuropathy
  - 274.0 Gout
  - 274.82 Tophaceous Gout

ORGANIZATION OF ICD-9

- (280-289) Diseases of Blood and Blood-forming Organs
  - 286.5 Circulating Anticoagulants
- (290-319) Mental Disorders
- (320-389) Nervous System and Sense Organs
  - 343.9 Cerebral Palsy
  - 355.5 Tarsal Tunnel Syndrome
  - 355.6 Interdigital (Morton's) Neuroma
- (390-459) Circulatory System
  - 443.0 Raynaud's Syndrome

ORGANIZATION OF ICD-9 (continued)

- (460-519) Respiratory System
- (520-579) Digestive System
- (580-629) Genitourinary System
- (630-677) Complications of Pregnancy
- (680-709) Skin and Subcutaneous Tissue
  - 681.11 Paronychia
  - 696.1 Psoriasis

ORGANIZATION OF ICD-9 Continued

- (710-739) Musculoskeletal System and Connective Tissue
  - 718.17 Loose Body in Joint
  - 735.2 Hallux Rigidus
- (740-759) Congenital Anomalies
  - 755.02 Polydactyly
  - 755.66 Congenital Deformity of Toe
- (760-779) Perinatal Conditions
- (780-799) Symptoms, Signs, and Ill-Defined Conditions
- (800-999) Injury and Poisoning

PRINCIPLES OF DIAGNOSIS CODING

- Volume 1 Tabular List (numerical)
  - Listed 2nd in manual
  - Supplemental Classifications
    - V Codes Health Status
    - E Codes Injuries
- Volume 2 Alphabetic List
  - Listed 1st in manual

- Look at Alphabetic List FIRST
- Then cross-reference in Tabular List

Example: Sesamoiditis

- In Alphabetical List: ICD.9 733.99

- Tabular List: ICD-9 733.99
  - Other and Unspecified disorders of bone and cartilage
    - Diaphysitis
    - Hypertrophy of Bone
    - Relapsing Polychondritis
    - (would not find it if only looking in Tabular list)

V CODES

- Factors influencing Health Status
- Always preceded by a “V”
- History of certain diseases or conditions
  - Cancer, dialysis, organ transplant, etc.
- Risk of Infection
- Mental conditions
- Follow-up care after injury or surgery, etc.
- Informational, but *not* primary diagnosis codes

E CODES

- Supplemental Classification of Injuries and Poisoning
- Always preceded by an “E”
- *Very* detailed regarding mechanism/circumstances/person of injury

ICD-9 E CODE EXAMPLES

- E920.8 Paper cut
- E922.5 Paintball gun injury
- E928.8 External constriction caused by hair
- E917.4 Bumped against bathtub, without falling
- E907 Struck by lightning
- E905.5 Stung by caterpillar
- E880.1 Tripping on curb of sidewalk
- E884.5 Falling out of bed
- E886 Bumped into someone, and fell down

ICD-9 E CODE EXAMPLES

- E844.8 Sucked into jet engine, without damage to plane; ground crew
- E912 Foreign body (bean or marble) in nose
- E906.8 Pecked by bird
- E836.2 Employee injury in the laundry room on a ship

CODE WHAT YOU ARE TREATING *FIRST*

- Example: Diabetic with PTD
  - ICD-9 726.72 Ant/Post Tibial Tendinitis
  - The Diabetes is NOT relevant (for this condition)
- Supplemental Diagnosis Codes Support Complexity, or additional services

- The primary diagnosis should be that one code that best describes/defines the reason for performing the service or procedure
- The secondary diagnosis would be a coexisting disease or condition, or other supporting factor

- Diagnosis coding of Lesions or Neoplasms should be delayed until AFTER receipt of the pathologic report/diagnosis.
- Procedure coding is based upon technique, *not* diagnosis

- When there does not appear to be a post-operative diagnosis code that validates your follow-up treatment, procedure or service, use the primary pre-operative diagnosis

CODE TO HIGHEST LEVEL OF SPECIFICITY

- To 5th digit, if available
- (don't just add a random 5th digit as a "filler", "just to be sure")
- Avoid "R/O" codes
  - Example: ICD-9 173.7 R/O Skin Cancer
- Avoid "Unspecified" codes

LIMIT OF 4 DX PER CLAIM

- If need more than 4 diagnoses, may need to split the claim, and submit as 2 claims
  - Many Medicare coverage issues require 2 diagnoses for a single service; you rapidly run out of available lines for diagnoses. Particularly true for visits that include E/M services, and multiple procedural services

REMEMBER, CARRIERS LINK DIAGNOSES TO PROCEDURES

- EXAMPLES:
- If bill for CPT 28080 (excision of neuroma), payers' computers expect to see diagnosis of "neuroma"
- If bill CPT 28296 (Bunionectomy with metatarsal osteotomy), payers' computers expect to see diagnosis of hallux valgus, hallux rigidus, or "bunion"

"LINK" DIAGNOSIS TO PROCEDURE CODES

- CPT 28080 Excision of Neuroma
- ICD-9 355.6 Neuroma
- Some procedural services REQUIRE specific (i.e. exact) supplemental diagnoses (Medicare)

- DON’T GUESS
- CODE WHAT YOU KNOW
- DON’T “APPROXIMATE”
- DON’T USE OUTDATED CODES
  - Purchase new ICD-9 Manual EACH year
  - Under HIPAA, you MUST use current codes

THE FUTURE…?

- ICD-10-CM
- Presumably to be implemented Oct 1 2015