

# ICD-9-CM changes: what they mean for the Ob/Gyn

Daunted by the thought of sifting through all the diagnostic coding changes that went into effect last month? Fear not: Our expert has done the legwork for you. Here, she highlights key changes.

It's that time again—time to take a look at the latest round of changes in the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnostic codes, which went into effect on October 1. Since the changes for 2002-2003 are numerous, with many (including 31 new diagnostic codes) directly affecting Ob/Gyn practice, it's a good idea to review your patient encounter forms to make sure they're up to date. Be aware, however, that some payers may wait until January 1, 2003,

before processing claims with the new codes. Be sure to check with yours before implementing these changes.

## Code revisions for gynecology

**256.2, postablative ovarian failure.** Artificial menopause (627.4) has been deleted from the “excludes” note that goes with code 256.2. If the patient is experiencing symptoms related to artificial menopause, report 627.4 along with this code.

**256.3, other ovarian failure.** The instructions to use an additional code for states associated with artificial menopause has been changed to read “states associated with natural menopause (627.2).”

**622.1, dysplasia of cervix (uteri).** Some terms have been added to the inclusion list that follows the code number. Among the conditions that now qualify for this code are cervical intraepithelial neoplasia I and II, high-grade squamous intraepithelial dysplasia (HGSIL), and low-grade squamous intraepithelial dysplasia (LGSIL).

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## KEY POINTS

- The code for nonspecific abnormal Papanicolaou smear of cervix (795.0) has been expanded to 4 new codes to more closely match the Bethesda Pap interpretation language.
- The code for ectopic pregnancy (633) has been expanded to describe an ectopic pregnancy with the presence or absence of an intrauterine pregnancy.
- ICD-9 has added a new sequencing instruction: “Code, if applicable, any causal condition first.” Codes with this note may be used as a principal diagnosis if no causal condition is applicable or known.
- A new code for toxic shock syndrome (040.82) was added in recognition of its often-severe symptoms.

**627.2, natural menopause, and 627.4, artificial menopause.** ICD-9 has now added the term “symptomatic” to these codes to differentiate them from asymptomatic menopause.

**V49.81, postmenopausal status (age-related) (natural).** This code’s descriptor was revised to include the term “asymptomatic” as a counterpart to the changes to 627.2 and 627.4, described above.

**V58.83, encounter for therapeutic drug monitoring.** A new note added to this code instructs coders to also report a second code indicating any associated long-term current drug use (V58.61–V58.69).

### **New codes for gynecology**

**795.0, nonspecific abnormal Papanicolaou smear of cervix.** This has been expanded to 4 new codes with the addition of a fifth digit, to more closely match the Bethesda Pap interpretation language. (Note that a repeat Pap due to insufficient cell collection is now coded as 795.09 according to ICD-9-CM Coordination and Maintenance Committee staff. Previously, V76.2 was recommended for insufficient cells):

**795.00** Nonspecific abnormal Papanicolaou smear of cervix, unspecified

**795.01** Atypical squamous cell changes of undetermined significance favor benign (ASCUS favor benign); atypical glandular cell changes of undetermined significance favor benign (AGUS favor benign)

**795.02** Atypical squamous cell changes of undetermined significance favor dysplasia (ASCUS favor dysplasia); atypical glandular cell changes of undetermined significance favor dysplasia (AGUS favor dysplasia)

**795.09** Other nonspecific abnormal Papanicolaou smear of cervix:

- benign cellular changes
- unsatisfactory smear

**998.3, disruption of operation wound.** With the addition of a fifth digit, this code has been expanded to 2 new codes that allow the coder to differentiate between an external and internal wound dehiscence. An example of an external wound would be 1 from abdominal surgery; an internal wound might be vaginal cuff sutures. If the surgeon does not specify which, default to the external wound code:

**998.31** Disruption of internal operation wound

**998.32** Disruption of external operation wound; disruption of operation wound not otherwise specified

**V13.2, other genital system and obstetric disorders.** This code has been expanded to 2 new codes with the addition of a fifth digit. The American College of Obstetricians and Gynecologists (ACOG) presented this proposal, along with the 1 discussed under the obstetric code changes, to capture information about women with a history of preterm labor, which is associated with complications in future pregnancies. (Note that V13.21 is used to indicate a patient who is not currently pregnant. V13.29 would be used to indicate a past personal history of, for example, dysplasia when the current or last few Paps were normal):

**V13.21** Personal history of preterm labor

**V13.29** Other genital system and obstetric disorders

**V58.42, aftercare following surgery for neoplasm.** Use this code when the procedure involves neoplasms classifiable to diagnostic codes 140–239. You’ll also need another aftercare code to fully identify the reason for the encounter. For instance, was the purpose of the visit chemotherapy after the surgery (V58.1) or attention to surgical dressings (V58.3)?

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**V58.7, aftercare following surgery to specified body systems, not elsewhere classified.** This new subcategory was added, along with 8 new fifth-digit codes. As with the aftercare code for neoplasm surgery, these require a more specific code to identify the reason for the encounter. Of these 8 codes, the following are the most likely to be of use to Ob/Gyns (note that code V58.76 excludes aftercare following sterilization reversal [V26.22]):

**V58.76** Aftercare following surgery of the genitourinary system, not elsewhere classified; aftercare following surgery for conditions classifiable to 520–579

**V58.77** Aftercare following surgery of the skin and subcutaneous tissue, not elsewhere classified; aftercare following surgery for conditions classifiable to 680–709

### Code revisions for obstetrics

**646.6X, infections of genitourinary tract in pregnancy.** The note that specifies which conditions qualify for this code has been revised. “Conditions classifiable to 614–615” has been more clearly spelled out as including only 614.0–614.5 and 614.7–615.0. The code 614.6 is excluded because pelvic peritoneal adhesions do not represent an infection. If pelvic adhesions were complicating the pregnancy, the code 648.9X (other current conditions classifiable elsewhere), would be more appropriate.

**674.1X, disruption of cesarean wound.** An “excludes” note has been added. This code would not be reported if the patient had uterine rupture before the onset of labor (665.0X) or uterine rupture during labor (665.1X).

### New codes for obstetrics

**633, ectopic pregnancy.** The codes in this category have been expanded to a fifth digit to describe an ectopic pregnancy by site, with or without an intrauterine pregnancy:

**633.00** Abdominal pregnancy without intrauterine pregnancy

**633.01** Abdominal pregnancy with intrauterine pregnancy

**633.10** Tubal pregnancy without intrauterine pregnancy

**633.11** Tubal pregnancy with intrauterine pregnancy

**633.20** Ovarian pregnancy without intrauterine pregnancy

**633.21** Ovarian pregnancy with intrauterine pregnancy

**633.80** Other ectopic pregnancy without intrauterine pregnancy

**633.81** Other ectopic pregnancy with intrauterine pregnancy

**633.90** Unspecified ectopic pregnancy without intrauterine pregnancy

**633.91** Unspecified ectopic pregnancy with intrauterine pregnancy

**V23.4, pregnancy with other poor obstetric history.** As with V13.2 above, this code has been expanded into 2 new codes, to be used with a current pregnancy only:

**V23.41** Pregnancy with history of preterm labor

**V23.49** Pregnancy with other poor obstetric history (used for a history of conditions classifiable to 630–643 and 645–676)

**V83.8, other genetic carrier status.** This new subcategory was added along with 2 new fifth-digit codes. Remember, these should be used only when the patient can pass the disease on genetically to the next generation—they are not intended for patients who might develop the disease themselves:

**V83.81** Cystic fibrosis gene carrier

**V83.89** Other genetic carrier status

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### Miscellaneous code revisions

**New instructions.** A new sequencing instruction has been added to the ICD-9. It reads, “Code, if applicable, any causal condition first.” Any code with this note may be used as a principal diagnosis if no causal condition is applicable or known. For instance, since this note appears after code category 788.3 (incontinence of urine), the coder would first code the cause of the patient’s incontinence. If it was due to genital prolapse (618.0–618.9), one of these codes would appear first on the claim. If the cause is not known, however, 788.3 is sufficient.

**454.9, asymptomatic varicose veins.** The descriptor for this code previously read “varicose veins of lower extremities, without mention of ulcer or inflammation.”

### Miscellaneous code additions

**040.82, toxic shock syndrome.** A new code for this condition was added in recognition of its often-severe symptoms. This syndrome had previously been assigned as an inclusion term to the code 040.89 (other specified bacterial diseases). When assigning this, an additional code should be used to identify the organism involved.

**454.8, varicose veins of the lower extremities, with other complications.** This was added to fill the gap between varicose veins with ulcer and/or inflammation (454.0–454.2) and asymptomatic varicose veins (454.9). Use this code for findings of edema, swelling, or pain in conjunction with varicose veins.

**795.3, nonspecific positive culture findings.** This code has been expanded to 2 new codes with the addition of a fifth digit. The first of these is a reaction to the events of the past year:

**795.31** Nonspecific positive findings for anthrax; positive findings by nasal swab

**795.39** Other nonspecific positive culture

findings (used for positive culture samples taken from the nose, throat, a wound or sputum)

**V01.8, contact with or exposure to communicable diseases.** This code has been expanded to 2 new codes, once again due to recent events:

**V01.81** Anthrax

**V01.89** Other communicable diseases

### For more information

Coders can obtain the most current edition of ICD-9-CM from several sources: ACOG, the American Medical Association, Ingenix, Practice Management Information Corporation, and Channel Publishing, to name a few. You also can directly download a copy of the October 1, 2002 editions of ICD-9-CM Volume 1 (alphabetic index) and Volume 2 (tabular index) via the government Web site <http://www.cdc.gov/nchs/datawh/ftp/ftpicd9/ftpicd9.htm>. The files are in Adobe format, so you’ll need a copy of Adobe Acrobat Reader 5.0 (available for free download at <http://www.adobe.com/products/acrobat/readstep2.html>) to view the files.

*Ms. Witt reports no affiliation or financial arrangement with any of the companies that manufacture drugs or devices in any of the product classes mentioned in this article.*

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