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ICD narrows down obesity codes

... as well as many other codes for common problems

Are you monitoring a pregnant patient who had gastric banding or stapling?

There's a code for that, as of Oct. 1.

Have you seen female genital cutting or mutilation in your practice?

There is a code for that.

Has your patient's obesity made it difficult to obtain a diagnostic image?

You get the picture.

The new International Diagnostic Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) adds specific codes for these and other disorders.

condition and supports hormone suppression treatment.

Elevated tumor markers

795.81 Elevated carcinoembryonic antigen [CEA]

795.82 Elevated cancer antigen 125 [CA 125]

795.89 Other abnormal tumor markers

Previously, an elevated CA-125 tumor marker was reported using the unspecified code 790.99 (*other nonspecific findings in blood*), but with the addition of a new code subcategory, 795.8x, to report elevated tumor-associated and specific antigens, this will no longer be a problem.

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Cancer codes clinch the case

Specific codes now describe findings that indicate a cancer diagnosis and support appropriate treatment.

Estrogen receptor status

V86.0 Estrogen receptor positive

V86.1 Estrogen receptor negative

The 2007 ICD-9-CM adds a new category: estrogen receptor status. This bit of diagnostic information is an important indicator of the type of treatment to which breast cancer will be responsive. For instance, an estrogen-receptor-positive (ER+) finding means estrogen is causing the tumor to grow. This information in conjunction with a primary diagnosis of malignant neoplasm of the breast (ICD-9-CM codes 174.0–174.9) instantly gives the payer a snapshot of the patient's

Abnormal cervical cytology

795.06 Papanicolaou smear of cervix with cytologic evidence of malignancy

The inclusion term "cytologic evidence of carcinoma" was deleted from code 795.04 (*Papanicolaou smear of cervix and cervical HPV*). A new code reports this finding, and this new code is now an "excludes" diagnosis under code 233.1 (*carcinoma in situ of cervix uteri*). Furthermore, code 233.1 has a new inclusion definition: cervical intraepithelial glandular neoplasia.

OB complications

649.xx Other conditions or status of the mother, complicating pregnancy, childbirth, or the puerperium

Preexisting conditions are covered in the new category.

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Bariatric surgery and pregnancy

649.2X Bariatric surgery status complicating pregnancy, childbirth, or the puerperium

Until now, if you were monitoring a pregnant woman more closely because of her previous bariatric surgery, your only option was code 648.93 (*other current conditions, classifiable elsewhere*). The new code is for any intervention required during the pregnancy, if the mother has had obesity surgery such as gastric banding or gastric stapling.

A 5th digit must be appended: 0, *unspecified episode of care*; 1, *delivered with or without mention of antepartum condition*; 2, *delivered with postpartum condition*; 3, *antepartum condition or complication*; 4, *postpartum complication*.

Smoking, obesity, epilepsy, and more

649.0 [0-4] Tobacco use disorder

You must clearly indicate that the patient's current smoking is complicating the management of her pregnancy.

649.1 [0-4] Obesity

A secondary code for type of obesity is required; for instance, 278.01 (*morbid obesity*).

649.3 [0-4] Coagulation defects

A second code from the 286 category (*coagulation defects*) must be added to identify the exact condition. If a coagulation defect causes antepartum hemorrhage, the correct code is 641.3x. A coagulation defect that appears only in the postpartum period is coded 666.3x.

649.4 [0-4] Epilepsy

A secondary code identifies the type of epilepsy (345.00-345.91). However, if the patient has eclampsia, use the code 642.6 (*eclampsia with convulsions*).

649.5 [0, 1, 3] Spotting

This code will be used predominately in early pregnancy when spotting is the chief complaint and there is no evidence of miscarriage. Note that the allowable 5th digits for this code exclude 2 and 4, because spot-

ting is not considered a complication in the postpartum period. If the patient is bleeding heavily, other existing codes would be selected, such as 640.0x (*threatened abortion*) or 641.1x (*hemorrhage from placenta previa*).

649.6 [0-4] Uterine size-date discrepancy

This condition, which was formerly included under 646.8x (*other specified complications of pregnancy*), is used most often when an ultrasound is performed to date the pregnancy, especially when the last monthly period is unknown.

666.1x Other immediate postpartum hemorrhage

This code is revised, and now specifies uterine atony with hemorrhage. Uterine atony without hemorrhage is coded 669.8x.

More specific "other" codes

Several "other"-type codes for gynecologic conditions got more specific. For example, 2 new, more specific, 5-digit codes replace code 616.8 (*other specified inflammatory diseases of cervix, vagina, and vulva*).

616.81 Mucositis (ulcerative) of the cervix, vagina, and vulva

Requires an additional E code to identify the adverse affects of therapy that caused the mucositis, such as antineoplastic or immunosuppressive drugs or radiation therapy.

616.89 Other inflammatory disease of the cervix, vagina, and vulva

Identifies conditions such as a caruncle of the vagina or labium or ulcer of the vagina.

616.84 Cervical stump prolapse

Previously was reported with the code 618.39 (*other specified genital prolapse*).

629.29 Other types of female genital mutilation

This code includes female genital cutting or mutilation Type IV status, the collective term for other types of mutilation that can

FAST TRACK

Code 629.29 includes female genital cutting or mutilation Type IV status, the collective term for other types of mutilation such as burning or tearing

include such things as pricking the clitoris with needles, burning or scarring the genitals, and ripping or tearing the vagina.

Code 629.8 (*other specified disorders of female genital organs*) was deleted and replaced by these 2 new 5-digit codes:

- 629.81** Habitual aborter without current pregnancy
- 629.89** Other unspecified disorders of female genital organs

Index changes to ICD-9-CM are also important to note. This year the reference for vaginal intraepithelial neoplasia (VIN I and VIN II) was changed from code 624.8 (*other specified noninflammatory disorders of vulva and perineum*) to:

- 624.0** Dystrophy of vulva

■ New category: Pain control

- 338** Pain, not elsewhere classified
- 338.18** Other acute postoperative pain
- 338.28** Other chronic postoperative pain
- 338.3** Neoplasm-related pain (acute) (chronic)

Diagnostic coding just got easier if your practice includes insertion of an On-Q device for postoperative pain. A whole new category of codes groups pain into acute and chronic classifications and includes codes for both types of postoperative pain. These new codes would not be used to report generalized pain (780.96) or localized pain by site (eg, pelvic pain, 625.9), or pain disorders attributed to psychological factors. Listed above are some of the new codes in this category that may be of particular interest to ObGyns.

■ Imaging

Breast calcifications

- 793.81** Microcalcifications seen on a mammogram
- 793.89** Other abnormal findings on radiological examination of breast

ICD-9-CM now differentiates microcalcifications. The less-specific code is for

findings documented as simply mammographic calcification or mammographic calculus.

Inconclusive imaging due to obesity

- 793.91** Image test inconclusive due to excess body fat

You must add a second code indicating the patient's body mass index (BMI).

Other imaging abnormalities

- 793.99** Other nonspecific abnormal findings on radiological and other examination of body structure

This code could be reported for such things as an abnormal placental finding on ultrasound or an abnormal finding in the skin or subcutaneous tissue, where a more definitive diagnosis is not available.

■ Urinary symptoms

Additions to your diagnostic arsenal:

- 788.64** Urinary hesitancy
- 788.65** Straining on urination

■ Hyperglycemia

A new inclusion term is added

- 790.29** Other abnormal glucose

The existing code now includes a diagnosis of hyperglycemia not elsewhere specified.

■ V-codes for men

- V26.34** Testing of male for genetic disease carrier status
- V26.35** Encounter for testing of male partner of habitual aborter
- V26.39** Other genetic testing of male

Use these new codes to identify the male as the reason for doing the testing—something that has been lacking for years. ■

GOT A CODING QUESTION?

Send it to obg@dowdenhealth.com. We'll answer as many questions as space permits.

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