



Come October 1, a multitude of ICD-9 code additions and revisions arrive

👉 OBs get codes for unremarkable sonograms ordered on the basis of suspicion. For gyn practice, options expand for abnormal Pap smear results. Here are the details.

Revisions and additions to the International Classification of Diseases, Clinical Modification (ICD-9-CM) for 2009, which take effect on **October 1, 2008**, bring especially good news to obstetricians who are testing for “conditions not found,” evaluating or treating twin-to-twin transfusion syndrome,

dealing with the aftermath of maternal surgery, and providing the correct diagnostic code match for screening tests.

Gyn practitioners, don't feel slighted: Many new codes take effect on that October day, covering abnormal Pap smear results, prophylactic drug treatment, breast conditions,

and taking a patient's personal history.

Remember: **1)** October 1 is the key date here—when all the new and revised codes described in this article (and others not reviewed here) are added to the national code set, and **2)** as in past years, there will be no grace period!

New and revised OB codes

FOR “CONDITIONS NOT FOUND”

How many times have you ordered a sonogram for a suspected problem with a pregnancy, only to have the scan reveal that all is normal? You then had to use either **1)** a screening code for the condition or **2)** an unspecified code because you could not assign a code that gave a condition to the patient that she did not have.

With addition of a new category of codes (**V89**), this obstetrical problem will be solved.

V89.01 Suspected problem with amniotic cavity and membrane not found

- V89.02** Suspected placenta not found
- V89.03** Suspected fetal anomaly not found
- V89.04** Suspected problem with fetal growth not found
- V89.05** Suspected cervical shortening not found
- V89.09** Other suspected maternal and fetal condition not found

CERVICAL SHORTENING

Women undergo cervical shortening normally as their body prepares for labor, of course, but, on occasion,

cervical shortening can indicate impending premature birth. Until now, you might have reflected this condition with **654.5x** (*Cervical incompetence complicating pregnancy*), **654.6x** (*Other congenital or acquired abnormality of cervix*), or **644.1x** (*Other threatened labor*). Starting October 1, however, you'll have a more precise code available to report this condition: **649.7x** (*Cervical shortening*).

HIGH-RISK PREGNANCY

The **V23** category of codes, which represent supervision of high-risk pregnancy, becomes more specific with two additions: **V23.85** (*Pregnancy resulting from assisted reproductive technology*) and **V23.86** (*Pregnancy with history of in utero procedure during previous pregnancy*).

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ANTENATAL SCREENING

How to select the right code to report a screening test has been less than clear. Were you performing it to screen for malformation of a fetus? Some other reason? Three new antenatal codes and revision of an existing code (**V28.3**) clarify the distinction.

- V28.3** Encounter for routine screening for malformation using ultrasonics
- V28.81** Encounter for fetal anatomic survey
- V28.82** Encounter for screening for risk of preterm labor
- V28.89** Other specified antenatal screening

ICD-9-CM now directs that the latter code, **V28.89**, be reported for

screening as part of chorionic villus sampling, nuchal translucency testing, genomic screening, and proteomic screening.

COMPLICATIONS OF PREGNANCY AND IN UTERO PROCEDURES

At last, you have a specific code for fetal conjoined twins (**678.1x**) and one for such fetal hematologic conditions as fetal anemia, thrombocytopenia, and twin-to-twin transfusion syndrome (**678.0x**).

In addition, complications from an in utero procedure will have two new codes: **679.0x** (*Maternal complications from in utero procedure*) and **679.1x** (*Fetal complications from in utero procedure*).

Gynecologic code changes and additions

ABNORMAL RESULTS OF A PAP SMEAR

You already know to look at the **795** series for ICD-9 codes to support various abnormal Pap smear results; after October 1, you'll have a lot of new options.

Key developments:

- The risk of dysplasia and carcinoma is the same for the anus as it is for the cervix, so physicians can take anal cytologic smears.
- The cervix and the anus both have transformation zones where mucosa turns from squamous to columnar, so parallel codes have been created for anal smears.

In creating these new codes, ICD-9-CM modified existing abnormal cervical cytology codes to indicate a result in which the transformation zone is absent in the specimen. But, because the vagina and vulva do not

have transitional zones, ICD-9-CM expanded and redefined subcategory **795.1** for an abnormal smear of the vagina and vulva. Until now, **795.1** was reported for any abnormal Pap result from a site other than the cervix.

The new codes are listed below.

CERVIX

- 795.07** Satisfactory cervical smear but lacking transformation zone

VAGINA AND VULVA

- 795.10** Abnormal Papanicolaou smear of vagina
- 795.11** Papanicolaou smear of vagina with atypical squamous cells of undetermined significance (ASC-US)

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- 795.12 Papanicolaou smear of vagina with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
- 795.13 Papanicolaou smear of vagina with low grade squamous intraepithelial lesion (LGSIL)
- 795.14 Papanicolaou smear of vagina with high grade squamous intraepithelial lesion (HGSIL)
- 795.15 Vaginal high risk papillomavirus (HPV) DNA test positive
- 795.16 Papanicolaou smear of vagina with cytologic evidence of malignancy
- 795.18 Unsatisfactory cytology smear
- 795.19 Other abnormal smear of vagina and vaginal HPV

ANUS

- 796.70 Abnormal glandular Papanicolaou smear of anus
- 796.71 Papanicolaou smear of anus with atypical squamous cells of undetermined significance (ASC-US)
- 796.72 Papanicolaou smear of anus with atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H)
- 796.73 Papanicolaou smear of anus with low grade squamous intraepithelial lesion (LGSIL)
- 796.74 Papanicolaou smear of anus with high grade squamous intraepithelial lesion (HGSIL)

- 796.75 Anal high risk human papillomavirus (HPV) DNA test positive
- 796.76 Papanicolaou smear of anus with cytologic evidence of malignancy
- 796.77 Satisfactory anal smear but lacking transformation zone
- 796.78 Unsatisfactory anal cytology smear
- 796.79 Other abnormal Papanicolaou smear of anus and anal HPV

There is also a new code, **569.44** (*Dysplasia of anus*), to report anal dysplasia. In the past, this condition was reported using **569.49** (*Other specified disorders of rectum and anus*).

ACQUIRED ABSENCE CODES

Until now, only **V45.77** (*Acquired absence of genital organs*) could be used to report this patient status. As of October 1, you'll have to be more specific about what is absent, using any of the following three new codes. You might find these codes helpful in supporting the performance of screening Pap smears:

- V88.01** Acquired absence of both cervix and uterus
- V88.02** Acquired absence of uterus with remaining cervical stump
- V88.03** Acquired absence of cervix with remaining uterus

These new codes can be reported in conjunction with **V67.01** (*Follow-up vaginal Pap smear*) and **V76.47** (*Special screening for malignant neoplasm of vagina*).

URINARY PROBLEMS

Use these three new codes to report various presentations of hematuria:

- 599.70** Hematuria, unspecified
- 599.71** Gross hematuria
- 599.72** Microscopic hematuria

Note: The old code for hematuria (**599.7**) did not require a fifth digit; after October 1, using that old code will trigger a denial of your claim.

In addition, you have two new codes with which to report urinary symptoms:

- 788.91** Functional urinary incontinence
- 788.99** Other symptoms involving urinary symptoms

VULVODYNIA AND VULVAR VESTIBULITIS

A single code (**625.8**) has been available to describe vulvodynia, and it was grouped into a general category that covered symptoms. This condition has been given three new codes.

- 625.70** Vulvodynia, unspecified
- 625.71** Vulvar vestibulitis
- 625.79** Other vulvodynia

BREAST DISORDERS

New codes for breast conditions are about to take effect. These include ptosis (**611.81**), hypoplasia (**611.82**), and other disorders of the breast, such as capsular contracture of a breast implant (**611.89**).

For surgeons who handle follow-up after breast surgery, two new codes describe problems with the reconstructed breast: **612.0** (*Deformity of reconstructed breast*) and **612.1** (*Disproportion of reconstructed breast*).

WOUND DISRUPTION

Under current ICD-9-CM guidelines, you must specify "external wound" or "internal wound" to code correctly for

dehiscence. On October 1, you have the option to report an unspecified code, **998.30** (*Disruption of wound, unspecified*) if the record does not specify the type of wound.

PROPHYLACTIC USE OF AGENTS AFFECTING ESTROGEN RECEPTORS AND ESTROGEN LEVELS

ICD-9-CM created a **V** code to capture data on the many women who receive tamoxifen and raloxifene after treatment of breast cancer. This code has been expanded to include **V** codes for different classes of drugs used for this type of therapy:

- V07.51** Prophylactic use of selective estrogen receptor modulators (SERMs)
- V07.52** Prophylactic use of aromatase inhibitors
- V07.59** Prophylactic use of agents affecting estrogen receptors and estrogen levels

From a guideline perspective, you can use the cancer code with one of these codes throughout the course of treatment, including during routine chemotherapy and radiation therapy. Long-term use of a drug that falls under the **V07.5x** category doesn't require continued use of the cancer code, however.

You can provide additional information on your patient by reporting her estrogen receptor-positive status

(**V86.0**), personal or family history of breast cancer (**V10.3/V16.3**), genetic susceptibility to cancer (**V84.01-V84.09**), and postmenopausal status (**V49.81**).

TAKING A PERSONAL HISTORY

This year, 11 codes make their debut to allow you to report a patient's personal history. Use them for encounters in which the personal history has a direct impact on the patient's complaints or status.

- V13.51** Personal history of pathologic fracture
- V13.52** Personal history of stress fracture
- V13.59** Personal history of other musculoskeletal disorders
- V15.51** Personal history of traumatic fracture
- V15.59** Personal history of other injury
- V15.21** Personal history of undergoing in utero procedure during pregnancy
- V15.22** Personal history of undergoing in utero procedure while a fetus
- V15.29** Personal history of surgery to other organs
- V87.41** Personal history of antineoplastic chemotherapy
- V87.42** Personal history of monoclonal drug therapy
- V87.49** Personal history of other drug therapy

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