ICD-9-CM Code Essentials: Preparing for October 1st

September 15, 2011

Presented by:
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2012 ICD-9-CM Coding Changes and Tips

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2012 Changes

● Changes effective October 1, 2011
  ○ 179 new codes
  ○ 11 new subcategories
  ○ 168 revisions to existing codes
  ○ 88 deleted codes

● All of the changes reflect CMS’s continued drive for greater specificity in advance of the transition to ICD-10.

● Web site for index and tabular changes for 2012
  ○ http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm

● Web site for 10/1/11 Official Guides

Expanded Infection Codes

● 041.4, E Coli expanded to 4 new codes:
  ○ 041.41, Shiga toxin-producing Escherichia coli (STEC) 0157
  ○ 041.42, Other specified Shiga toxin-producing Escherichia coli (STEC)
  ○ 041.43, Shiga toxin-producing Escherichia coli (STEC), unspecified
  ○ 041.49, Other and unspecified Escherichia coli
    • NOS and non-shiga toxin producing E coli
Malignant Neoplasm of the Skin Codes

- Category 173, Other malignant neoplasm of the skin has 40 new five digit codes to define unspecified, basal cell, squamous cell and other specified malignant neoplasms by site:
  - 173.0, Skin of lip has 4 more specific codes
  - 173.1, Eyelid including canthus has 4 more specific codes
  - 173.2, Skin of the ear and external auditory canal has an additional 4 specific codes
  - 173.3, Skin of other and unspecified parts of the face has 4 more specific codes
  - 173.4, Scalp and skin of the neck has added 4 more specific codes
  - 173.5, Skin of the trunk, except scrotum has 4 more specific 5 digit codes added
  - 173.6, Skin of upper limb, including shoulder has 4 additional specific 5 digit codes
  - 173.7, Skin of lower limb, including hip has 4 additional specific 5 digit codes
  - 173.8, Other specified sites of skin has expanded to 4 specific five digit codes
  - 173.9, Skin, site unspecified has expanded to 4 specific five digit codes

Case Mix Status

- Category 173 is currently a neoplasm case mix code that awards 3-10 case mix points and 15 non-routine supply points for any diagnosis in 173.
- For 2012, CMS has designated only the “other specified” codes (those with a 5th digit of 9) in category 173 as case mix and NRS codes:
  - 173.09
  - 173.19
  - 173.29
  - 173.39
  - 173.49
  - 173.59
  - 173.69
  - 173.79

- Problem: Basically eliminated case mix and NRS points from skin cancers that are listed as unspecified, basal cell carcinoma, and squamous cell carcinomas of the skin.
Blood Disorders: Thalassemia

- Thalassemia is an inherited hemoglobinopathies that range from asymptomatic thalassemia trait patients to the most severe form that requires life-long blood transfusions.
- Changes effective 10/1/11 will change from the one existing code at 282.49 that has been a case mix code to six more specific codes for Thalassemia (282.40–282.49).
- Case Mix impact:
  - All of the 282 codes are currently case mix in the Blood disorder category worth 2-5 case mix points in early episodes.
  - In 2012, only specific types of thalassemia will be case mix, excluding unspecified/NOS, (282.40) and several of the other thalassemia terms which are currently listed at 282.49.
    - New Thalassemia case mix codes will be only 282.43, 282.44, 282.45, 282.46 and 282.47.

Pancytopenia Changes

- 284.1. Pancytopenia has been expanded to three five digit codes
  - 284.11, Antineoplastic chemotherapy induced pancytopenia
  - 284.12, Other drug induced pancytopenia
  - 284.19, Other pancytopenia
- Currently drug induced pancytopenia is coded to 284.89, other specified aplastic anemias, however pancytopenia related to drugs would not necessarily be related to aplastic anemia.
- Case Mix implication: All of the Pancytopenia codes listed above will be included in the new case mix list under Blood Disorders.

Hemorrhagic Disorders Codes Expand

- Subcategory 286.5, Hemorrhagic Disorders Due to intrinsic circulating anticoagulants has expanded to three five digit codes:
  - 286.52, Acquired hemophilia
    - Autoimmune hemophilia and Secondary hemophilia
  - 286.53, Antiphospholipid antibody with hemorrhagic disorder
    - Lupus anticoagulant (LAC) with hemorrhagic disorder
    - Systemic lupus erythematosus (SLE) inhibitor with hemorrhagic disorder
  - 286.59, Other hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors
    - Anti-thrombinemia, Anti-thromboplastinemia
New Dementia NOS Codes

- Dementia without a specified etiology or NOS currently 294.8 has more specific codes at 294.2x
  - 294.20, dementia, unspecified, without behavioral changes
  - 294.21, dementia, unspecified, with behavioral changes
- It was expected that this code would be case mix as the 294.1x codes are, but it is not included in the list of case mix codes.
- 294.8 continues to be a case mix code to designate Other persistent mental disorders due to conditions classified elsewhere, but will no longer be able to be used as Dementia NOS.

More on Dementia Code Changes

- Requires an additional code, where applicable to identify wandering in conditions classified elsewhere (V40.31) has been added in the Tabular List to codes 294.11 and 294.21.
- Revision in Index and Tabular includes Parkinson’s Disease as an underlying condition for 294.1x codes:
  - 332.0 [294.10] Parkinson’s disease without behavioral disorder
  - 332.0 [294.11] Parkinson’s disease with behavioral disorder

Sample Case Scenario

- Mr. C, an 84 year-old male, is diagnosed with dementia and prescribed Aricept after being assessed by his family physician. His memory is poor and he has been forgetting to take his medications as well as having verbal outbursts and agitation at night. He has also recently had several falls and PT was ordered for an evaluation and possible strengthening exercises. SN has been ordered for medication management and safety assessment.

<table>
<thead>
<tr>
<th>M1020/M1022 Diagnosis</th>
<th>ICD-9</th>
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<tr>
<td>M1020 Dementia with behavioral disturbance</td>
<td>294.21</td>
</tr>
<tr>
<td>M1022 Muscle weakness</td>
<td>728.87</td>
</tr>
<tr>
<td>M1022 History of falls</td>
<td>V15.88</td>
</tr>
</tbody>
</table>
Expansion of 310.8 to Two 5 Digit Codes

- 310.8 is currently other specific nonpsychotic mental disorders following organic brain syndrome and includes mild memory disturbance, Post encephalitic syndrome, and other focal (partial) organic psychosyndromes.
- 310.8 has been expanded to the following 5 digit codes:
  - 310.81, Pseudobulbar affect (PBA) – neurologic condition of underlying structural damage to the brain that triggers involuntary, frequent and disruptive outbursts of laughing or crying; common with ALS, Alzheimer’s, CVA, Traumatic brain injury & MS patients
    - Code first underlying cause, if known, such as:
      - ALS (335.20); late effect CVS (438.89); late effect of traumatic brain injury (907.0); MS (340)
    - 310.89, becomes the new other specified non psychotic mental disorders following organic brain damage.

Sample Case Scenario

- Patient referred to home health for SN to manage a recent exacerbation of hypertension and to teach diabetic patient to administer newly ordered insulin. Patient also has pseudobulbar affect resulted from late effect of a traumatic brain injury and will impact the patient’s plan of care.

<table>
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<tr>
<th>M1020/M1022</th>
<th>Diagnosis</th>
<th>ICD-9-CM Code</th>
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</thead>
<tbody>
<tr>
<td>M1020</td>
<td>Hypertension</td>
<td>401.9</td>
</tr>
<tr>
<td>M1022</td>
<td>Diabetes</td>
<td>250.00</td>
</tr>
<tr>
<td>M1022</td>
<td>Late effect brain injury</td>
<td>907.0</td>
</tr>
<tr>
<td>M1022</td>
<td>Pseudobulbar affect</td>
<td>310.81</td>
</tr>
</tbody>
</table>

Official Guidelines Change in Late Effects

A late effect is the residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a late effect can be used. The residual may be apparent early, such as CVA cases, or it may occur months or years later, such as that due to a previous injury. Coding of late effects generally requires two codes sequenced in the following order: the condition or nature of the late effect is sequenced first. The late effect is sequenced second.

Exceptions to the above guidelines are those instances where the late effect code has been expanded (at the 4th or 5th digit levels) to include the manifestation(s) or the classification instructs otherwise. The code for the acute phase of an illness or injury that led to the late effect is never used with a code for the late effect. (Section I, B, General Guidelines, 12).
331.6, Corticobasal Degeneration

- A progressive neurological disorder characterized by nerve cell loss and atrophy (shrinkage) of multiple areas of the brain including the cerebral cortex and the basal ganglia.
  - Initial symptoms, which typically begin at or around age 60, may first appear on one side of the body (unilateral), but eventually affect both sides as the disease progresses.
  - Symptoms are similar to those found in Parkinson disease, such as poor coordination, akinesia (an absence of movements), rigidity (a resistance to imposed movement), disequilibrium (impaired balance), and limb dystonia (abnormal muscle postures).
  - Other symptoms such as cognitive and visual-spatial impairments, apraxia (loss of the ability to make familiar, purposeful movements), hesitant and halting speech, myoclonus (muscular jerks), and dysphagia (difficulty swallowing) may also occur. An individual with corticobasal degeneration eventually becomes unable to walk.
- No effective treatment; progresses gradually over 6-8 years.

Lambert-Eaton Syndrome

- Lambert-Eaton is a rare autoimmune disorder in which faulty communication between nerves and muscles leads to muscle weakness and other symptoms similar to myasthenia gravis.
  - Symptoms include muscle weakness resulting in difficulty chewing, climbing stairs, lifting objects, talking and drooping head; swallowing, gagging and choking; vision changes; and symptoms related to the autonomic nervous system.
  - About 60% of patients have an underlying malignancy identified within 2-4 years of the onset of LEMS.
- Three new codes in a new subcategory:
  - 358.30, Lambert-Eaton Syndrome, unspecified
  - 358.31, Lambert-Eaton Syndrome in neoplastic disease
  - 358.39, Lambert-Eaton Syndrome in other diseases classified elsewhere

New Glaucoma Codes

- New codes allow staging of glaucoma in addition to coding the type of glaucoma (365.xx).
  - 365.70, Unspecified stage of glaucoma
  - 365.71, Mild stage glaucoma
  - 365.72, Moderate stage glaucoma
  - 365.73, Severe stage glaucoma
  - 365.74 Indeterminate stage of glaucoma
- Other new Glaucoma codes
  - 365.05, Open angle glaucoma w/borderline findings, high risk
  - 365.06, Primary angle closure without glaucoma damage
- 379.27, Vitreomacular adhesion
- V19.1, Family history of other eye disorders was expanded to:
  - V19.11, Family history of glaucoma
  - V19.19, Family history of other eye disorders
New Circulatory System Codes

- 414.4, Coronary atherosclerosis due to calcified coronary lesion
  - Requires coder to code first coronary atherosclerosis (414.00-414.07)

- New Arterial Embolism Codes
  - 415.13, Saddle embolism of pulmonary artery
  - 444.01, Saddle embolism of abdominal aorta
  - 444.09, Other arterial embolism and thrombosis of abdominal aorta

- Two new codes for hypertrophic cardiomyopathy
  - 425.11, Hypertrophic obstructive cardiomyopathy
  - 425.18, Other hypertrophic cardiomyopathy
    - Includes non-obstructive hypertrophic cardiomyopathy

Changes to Influenza Codes

- Code title for 488.1x codes is changed to 2009 HINI influenza from novel H1N1.

- Three new codes at 488.8x for influenza due to novel influenza A virus due to animal origin influenza virus:
  - 488.81, Influenza due to identified novel influenza A virus with pneumonia
    - Use additional code to identify type of pneumonia
  - 488.82, Influenza due to identified novel influenza A virus with other respiratory manifestations
    - Laryngitis, pharyngitis, respiratory infection (acute) (upper)
  - 488.89, Influenza due to identified novel influenza A virus with other manifestations
    - Encephalopathy due to novel influenza A
    - Influenza due to animal origin influenza virus with involvement of gastrointestinal tract

New Respiratory Condition Codes

- 508.2, Respiratory conditions due to smoke inhalation
  - NOS code when cause of smoke is unknown.
  - Replaces code 987.9 as the default code for smoke inhalation and excludes smoke inhalation due to chemical fumes and vapors (506.9).
  - Requires coder to use an additional code to identify associated respiratory conditions.

- 512.2, Postoperative air leak

- 5 new codes at 512.8x for other pneumothorax and air leak:
  - 512.81, Primary spontaneous pneumothorax
  - 512.82, Secondary spontaneous pneumothorax
  - 512.83, Chronic pneumothorax
  - 512.84, Other air leak/persistent air leak
  - 512.89, Other pneumothorax, acute pneumothorax, pneumothorax NOS
Interstitial Lung Disease Definitions
Requiring New Codes

- Seven new codes related to interstitial lung diseases
  - Idiopathic Pulmonary Fibrosis (IPF) – distinct type of chronic fibrosing interstitial pneumonia of unknown cause.
    - 516.30, Idiopathic interstitial pneumonia, NOS
    - 516.31, Idiopathic pulmonary fibrosis
  - Nonspecific Interstitial Pneumonitis (NSIP) – affects younger patients that IPF and may involve children. Has a more favorable prognosis, but lung function tests typically show similar but milder physiological abnormalities than those found IPF.
    - 516.32, Idiopathic non-specific interstitial pneumonitis
    - Also called Nonspecific Interstitial Pneumonia that is currently indexed to 516.8, Other specific alveolar and parietoalveolar pneumonopathies. Continue to code 516.8 if due to some other underlying cause such as collagen vascular disease, hypersensitivity pneumonitis, infection or drug-induced pneumonitis.

More on Interstitial Lung Disease

- 516.33, Acute interstitial pneumonitis - Hamman Rich syndrome
- 516.34, Respiratory bronchiolitis interstitial lung disease
  - Respiratory Bronchiolitis-associated Lung Disease (RB-ILD), combination of interstitial lung disease associated with the pathologic lesion of respiratory bronchiolitis typically found in cigarette smokers. Usually affects heavy smokers in their 50s or 50s. Men are more affected than women.
- 516.35, Idiopathic lymphoid interstitial pneumonia
  - Lymphocytic Interstitial Pneumonia (LIP) – also known as lymphoid interstitial pneumonia. Condition is most typically diagnoses in women with a gradual increasing cough and breathlessness over 3 or more years.

And Still More New Codes

- 516.36, Cryptogenic organizing pneumonia
  - Cryptogenic Organizing Pneumonia (COP) – patients present with symptoms of less than 3 months. Affects males and females with mean age at onset of 55. More non-smokers.
- 516.37, Desquamative interstitial pneumonia
  - Desquamative Interstitial Pneumonia (DIP) – typically seen in cigarette smokers and is similar to Respiratory Bronchiolitis – associated Lung Disease except it is not focused in the bronchioles.
- Pneumonia generally refers to inflammation of the lung associated with infection, but interstitial pneumonitis has a number of causes (most not related to infection) and is sometimes documented to refer to inflammation of the lung in the absence of true infection.
  - If there is any question about documentation involving pneumonia is related to infection, the physician should be queried.
More Pulmonary Interstitial Codes

- 516.4, Lymphangioleiomyomatosis (LAM)
  - Rare, frequently fatal lung disease that affects women almost exclusively.
- 516.5, Adult pulmonary Langerhans cell histiocytosis (Adult PLCH)
  - Rare interstitial lung disorder of unknown etiology that occurs almost exclusively in smokers at 20-40 years that is not currently indexed in ICD-9.
- 516.6, New subcategory of interstitial lung diseases of children
  - 516.61, Neuroendocrine cell hyperplasia of infancy
  - 516.62, Pulmonary interstitial glucogenosis
  - 516.63, Surfactant mutations of the lung
  - 516.64, Alveolar capillary dysplasia with vein misalignment
  - 516.69, Other interstitial lung disease of childhood

More Pulmonary Conditions

- 518.51, Acute respiratory failure following trauma and/or surgery
- 518.52, Other pulmonary insufficiency, not elsewhere classified, following trauma and/or surgery.
  - Adult respiratory distress syndrome
  - Pulmonary insufficiency following trauma
  - Pulmonary insufficiency following surgery
- 518.53, Acute and chronic respiratory failure following trauma and/or surgery

New Digestive System Codes

- These codes in Diseases of the Digestive System are needed to link infections and other complications to gastric band and other bariatric procedures.
  - 539.01, Infection due to gastric band procedure
  - 539.09, Other complications of gastric band procedure
  - 539.81, infection due to other bariatric procedure
  - 539.89, Other complications of other bariatric procedures
- 573.5, Hepatopulmonary syndrome (HPS)
  - Requires the coder to code first underlying liver disease
  - While other 573 codes are case mix, 573.5 was not added to the case mix diagnosis list.
New codes for Cystostomy Complications

- Provide greater specificity within the Genitourinary System Chapter to identify:
  - 596.81, Infection of a cystostomy
  - 596.82, Mechanical Complication of a cystostomy
  - 598.83, Other complication of a cystostomy
  - 596.89, Other specified disorders of the bladder

- Currently, 997.5, urinary complications, is the only way to code an infected cystostomy, but it is a non-specific code that covers many complications of the urinary system, not elsewhere classified.

- Coders will not be able to code V55.5, attention to a cystostomy when these complications are present.

- Codes were not added to the diagnosis case mix list.

More New Codes

- New subcategory 629.3, Mechanical complication of implanted vaginal mesh has been added to Chapter 10, Diseases of Genitourinary System
  - 629.31, Erosion of implanted vaginal mesh and other prosthetic materials to surrounding organ or tissue
  - 629.32, Exposure of implanted vaginal mesh and other prosthetic materials into vagina

- 996.76, other complications due to a genito-urinary device, implant or graft and 996.65, infection and inflammatory reaction due to a genito-urinary device now have a note to add an additional code to identify complication, such as implanted vaginal mesh erosion or exposure (629.31-629.32).

Complications – New Emphasis

18. Documentation of Complications of care

Code assignment is based on the provider’s documentation of the relationship between the condition and the care or procedure. The guideline extends to any complication of care, regardless of the chapter the code is located in. It is important to note that not all conditions that occur during or following medical care or surgery are classified as complications. There must be a cause-and-effect relationship between the care provided and the condition, and an indication in the documentation that it is a complication. Query the provider for clarification, if the complication is not clearly stated.

(Section 18, General Coding Guidelines in the 2011 Official Coding Guidelines)
More on Complications

- F. Complications of care
  1) General guidelines for complications of care
     a) Documentation of complications of care
        See Section I.B.18. for information on documentation of complications of care.
     b) Use additional code to identify nature of complication.
        An additional code identifying the complication should be assigned with codes in categories 996-999. Complications of Surgical and Medical Care NEC, when the additional code provides greater specificity as to the nature of the condition. If the complication code fully describes the condition, no additional code is necessary.

New Pregnancy Related Codes

- Expansion of 631, Other abnormal product of conception to two additional 4 digit codes
  o 631.0, Inappropriate change in quantitative human chorionic gonadotrophin (hCG) in early pregnancy.
  o 631.8, other abnormal products of conception

- Establishment of new subcategory, 649.8 with two new 5 digit codes to describe preterm labor:
  o 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.
  o 649.82, onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section, delivered, with mention of postpartum complication.

More New Codes

- Two new 5 digit codes under category 704, Disorders of hair and hair follicles
  o 704.41, Pilar cyst
  o 704.42, Trichilemmal cyst

- 726.13, Partial tear of rotator cuff
  o Partial tear is an area of damage to the rotator cuff tendons, where the tear does not go all the way through the tendons.

- Subcategory 747.3, Congenital anomalies of the pulmonary artery is expanded to include three new 5 digit codes:
  o 747.31, Pulmonary artery coarctation and atresia
  o 747.32, pulmonary arteriovenous malformation
  o 747.39, Other anomalies of pulmonary artery and pulmonary circulation
More New Codes

- Two new codes at 793.1x, Nonspecific (abnormal) findings on radiological and other examination of body structure.
  - 793.11, Solitary pulmonary nodule/Coin lesion of lung (SPN)
  - 793.19, Other nonspecific abnormal finding of lung field
- Two new codes at 795.5, nonspecific reaction to tests for tuberculosis
  - 795.51, nonspecific reaction top tuberculin skin test w/o active tuberculosis
  - 795.52, Nonspecific reaction to QuantiFERON-TB test w/o active tuberculosis
- Two new specific codes related to traumatic pelvic fractures*
  - 808.44, Multiple closed pelvic fractures without disruption of pelvic circle.
  - 808.54, Multiple open pelvic fractures without disruption of pelvic circle.

New Complication Codes

- 996.88, Complications of transplanted organ, stem cell
- 997.32, Post-procedural aspiration pneumonia
- Expansion of 997.4, Digestive system complications:
  - 997.41, Retained cholelithiasis following cholecystectomy
  - 997.49, Other digestive system complications
- Four new codes at 998.0x for postoperative shock
  - 998.00, Postoperative shock, unspecified
  - 998.01, Postoperative shock, cardiogenic
  - 998.02, Postoperative shock, septic
  - 998.09, Postoperative shock, other

More Complication Codes

- Three new codes at 999.3, other infection to identify system versus local infections related to central catheters
  - 999.31, title revised to Other and unspecified infection due to central venous catheter
  - 999.32, Bloodstream infection due to central venous catheter
  - 999.33, Local infection due to central venous catheter (exit or insertion site infection)
  - 999.34, Acute infection following transfusion, infusion, or injection of blood and blood products.
New Complication Codes

- Expansion of sub-category 999.4, Anaphylactic reaction due to serum:
  - 999.41, Anaphylactic reaction due to administration of blood and blood products.
  - 999.42, Anaphylactic reaction due to vaccination
  - 999.49, Anaphylactic reaction due to other serum

- Expansion of sub-category 999.5, Other serum reaction:
  - 999.51, Other serum reaction due to administration of blood and blood products.
  - 999.52, Other serum reaction due to vaccination
  - 999.59, Other serum reaction

More Clarity in V Codes

- V12.2, Personal history of endocrine, metabolic and immunity disorders has been expanded to:
  - V12.21, Personal history of gestational diabetes
  - V12.29, Personal history of other endocrine, metabolic, and immunity disorders.

- History of pulmonary emboli has been separated from history of venous thrombosis (both currently coded to V12.51)
  - New code V12.55, will now more accurately identify personal history of pulmonary embolism
  - V12.51 will refer only to personal history of venous thrombosis.

- V13.8, Personal history of other specified disorders has been expanded to:
  - V13.81, a new specified code for personal history of anaphylaxis
  - V13.89, Personal history of other specified disorders

More New V Code Changes

- Two new codes related to pregnancy:
  - V23.42, Pregnancy with history of ectopic pregnancy
  - V23.87, Pregnancy with inconclusive fetal viability

- Two new codes at V40.3, Other behavioral problems
  - V40.31, Wandering in diseases classified elsewhere
    - Requires coder to code first underlying condition
  - V40.39, Other specified behavioral problems

- V54.82 has been added as a specific code for aftercare following explanation of joint prosthesis under V54.8, Other orthopedic aftercare.

- V58.68, Long term (current) use of bisphosphonates

- V87.02, Contact with and (suspected) exposure to uranium has been added as a specific code to other specific personal exposures and history presenting hazards to health.
New V Codes Related to Acquired Absence of Other Organ or Tissue

- Three new codes to identify the acquired absence of joints when a patient has had a persistent or recurrent infected joint prosthesis or other complication that did not respond to treatment and prosthesis is removed with or without the presence of an antibiotic impregnated cement spacer.
  - V88.21, acquired absence of hip joint
  - V88.22, acquired absence of knee joint
  - V88.29, acquired absence of other joint

- Current codes at 996.66, capture an infection due to an infected joint prosthesis and 996.77, other complication of a joint prosthesis, but there has not been a way to show that the joint prosthesis has been removed.

Sample Case Scenario

- Patient has had a mechanical complication of a joint prosthesis that required removal of the prosthesis. The physician removed the prosthesis and replaced it with a cement spacer. He plans to insert another prosthetic joint in the future. The patient is referred to home health for wound care and physical therapy to teach restricted knee movement.

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<tr>
<td>M1020</td>
<td>Aftercare following explantation of a joint prosthesis</td>
<td>V54.82</td>
</tr>
<tr>
<td>M1022</td>
<td>Acquired absence knee joint</td>
<td>V88.22</td>
</tr>
<tr>
<td>M1022</td>
<td>Muscle weakness</td>
<td>728.87</td>
</tr>
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Sample Case Scenario

- Patient has had an MRSA & VRE infected knee joint prosthesis removed and an antibiotic impregnated cement spacer was inserted. The patient is referred to home health for wound care to treat the remaining infection and PT for safety therapy.

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<tbody>
<tr>
<td>M1022</td>
<td>Infection due to internal joint prosthesis</td>
<td>996.66</td>
</tr>
<tr>
<td>M1022</td>
<td>Methicillin resistant staph aureus</td>
<td>041.12</td>
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<tr>
<td>M1022</td>
<td>Strep Group D (enterococcus)</td>
<td>041.04</td>
</tr>
<tr>
<td>M1022</td>
<td>Vancomycin resistant enterococcus</td>
<td>V09.81</td>
</tr>
<tr>
<td>M1022</td>
<td>Acquired absence knee joint</td>
<td>V88.22</td>
</tr>
</tbody>
</table>
Other Changes in the Tabular

- Many excludes notes added to other neoplasm codes excluding melanoma from those codes.
- Mental retardation is changed to "Intellectual disability" and is found under disability in the Alpha list.
- 323 Encephalopathy, myelitis, and encephalomyelitis has a new note to code first the underlying disease as: Human immunodeficiency virus (HIV) disease (042).
- 323.4x codes have been revised to other encephalitis, myelitis and encephalomyelitis due to other infections classified elsewhere.

Epilepsy and Seizures Revised

- 345 Epilepsy and recurrent seizures has been revised:
  - Seizure disorder NOS has been deleted
  - Recurrent seizures has been deleted
- Alpha Index is revised:
  - Seizure(s) 780.39
  - Recurrent 345.8

Septic Shock Revisions

- 785.52, Septic shock - revised sequencing
  - Deleted the notation to code first systemic inflammatory response syndrome due to infectious process with organ dysfunction (995.92)
  - New notations:
    - Code first underlying infection
    - Use additional code, if applicable, to identify systemic inflammatory response syndrome due to infectious process with organ dysfunction (995.92)
Reminders

- 2012 code changes are effective for M0090 dates on RAPs and end of episodes beginning on or after 10/1/11.
  - For M0090 date on RAP or end of episode claims beginning before 10/1/11 should continue to use the 2011 codes.
- HHAs need to identify current patients due for recertification on or after 10/1/11 with diagnoses that are impacted by the changed codes.
  - Most invalid codes have been revised from 4 digits to 5 digits.
  - Be sure to verify all codes to be assigned for any changes in the code or additional notes.
- Be sure to update your software and cheat sheets.

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