

Decoding the codes: How to apply the new ICD-9

At last—specific codes for diminished libido, emergency contraception, and premenstrual dysphoric disorder. Also notable are new codes for urinary urgency, long-term drug therapy, glucose levels, peripartum cardiomyopathy—and 3 SARS codes.

Three of the biggest dilemmas plaguing Ob/Gyn coders in recent years have finally been tackled by the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM):

- decreased libido
- emergency contraception
- premenstrual dysphoric disorder (PMDD)

These and other changes that went into effect October 1 may lead to significant revisions in practice encounter forms. (See *Quick reference: ICD-9-CM updates*, page 46.)

Just remember that some payers can take 6 months or longer to recognize new and revised codes, so be sure to find out when your payers plan to implement the updates, to avoid those troublesome “invalid diagnosis” denials.

KEY POINTS

- The new code 799.81 can be assigned for visits involving complaints of decreased libido or sexual desire.
- A new code, V25.03, covers encounters regarding emergency or postcoital contraception or counseling.
- PMDD has been added as an inclusion term to code 625.4 (premenstrual tension syndrome).

The big 3

Decreased libido. This first change is exciting not only to coders, but also to physicians, who have long lobbied for such an update.

Until now, ICD-9 listed the code for decreased libido in its mental health chapter. Ob/Gyns frequently counsel patients on this condition, but—as many Ob/Gyn coders can attest—the mental health code made recouping payment difficult, due to a perceived “mismatch” of services on the part of payers. The new code 799.81 can be assigned for visits associated with complaints of decreased libido or sexual desire.

This change recognizes that this symptom needs to be investigated before the woman is labeled as mentally ill.

Emergency contraception. Before this year no code existed for emergency contraception, making it difficult for billers to describe to payers the nature of these encounters. A new code, V25.03, can be assigned for visits involving emergency or

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postcoital contraception or counseling.

PMDD. Like emergency contraception, until this year PMDD was never referenced in the ICD-9-CM codebook. But now PMDD has been added as an inclusion term to code 625.4 (premenstrual tension syndrome), and the acronym will be directly referenced in the alphabetic index. This update makes it clear that premenstrual tension syndrome and PMDD are related conditions that are coded the same.

**Urgency is the intense feeling
of having to urinate; urge incontinence
is this feeling plus an inability to
make it to the bathroom.**

Other notable changes

These code changes might not have the impact of the modifications listed above, but Ob/Gyn coders would do well to familiarize themselves with the following updates. **Peripartum cardiomyopathy.** ICD-9-CM has added a new code for this condition: 674.5X. Peripartum cardiomyopathy refers to cardiac failure due to heart muscle disease in the period before, during, or after delivery.

As with all obstetric chapter codes, this will require a fifth digit; for this new code, there are 5 to choose from:

- 0 (unspecified as to episode of care or not applicable),
- 1 (delivered, with or without mention of antepartum condition),
- 2 (delivered, with mention of postpartum complication),
- 3 (antepartum condition or complication),
or
- 4 (postpartum condition or complication).

Although this code lists “postpartum cardiomyopathy” as an inclusion term, it may be used when the event occurs during the antepartum period (as evidenced by the fifth digit of 3).

Note that this condition was formerly referenced to 674.8X (postpartum cardiopa-

thy); practice encounter forms may need revision to capture the new diagnosis.

Pelvic peritoneal adhesions in the gravida. For coders wondering which ICD-9 code to assign to a pregnant patient with pelvic peritoneal adhesions, the alphabetic index now specifically references code 648.9X (other current conditions in the mother classifiable elsewhere, but complicating pregnancy, childbirth, or the puerperium).

Severe acute respiratory syndrome (SARS). 079.82 is reported for SARS-associated coronavirus; 480.3 is assigned to pneumonia due to SARS-associated coronavirus; V01.82 is reported if the patient is exposed to SARS-associated coronavirus.

Note that if a pregnant patient exposed to SARS is being monitored for the condition, use V22.2 (pregnancy incidental) plus V01.82. If the patient is being tested for the SARS virus, use code V73.89 (special screening examination for other specified viral diseases). You would not report an Ob-chapter ICD-9 code unless the patient developed SARS or SARS-like symptoms.

Obesity. The inclusion term “severe obesity” has been added to the existing code 278.01 (morbid obesity).

In general, morbid obesity refers to a patient who is over her ideal body weight by 50% to 100% or 100 pounds, or who has a body mass index greater than 39. Severe obesity usually refers to a patient who is more than 100 pounds overweight. These terms are sometimes used interchangeably and this update clarifies that 278.01 would be reported for either term used by the physician.

Factor V Leiden mutation. This condition can now be reported using the new code 289.81 (primary hypercoagulable state). The old code 289.8 was expanded to differentiate between inherited conditions (289.81) and predominately acquired conditions (289.82).

Urgency of urination. This common symptom is not the same as urge incontinence.

CONTINUED

Quick reference: ICD-9-CM updates

NEW AND REVISED CODES

079.82 SARS-associated coronavirus	959.12 Other injury of abdomen
289.81 Primary hypercoagulable state	959.14 Other injury of external genitals
480.3 Pneumonia due to SARS-associated coronavirus	959.19 Other injury of other sites of trunk not otherwise specified
625.4 Premenstrual tension syndrome (includes premenstrual dysphoric disorder)	V01.82 Exposure to SARS-associated coronavirus
674.50 Peripartum cardiomyopathy, unspecified as to episode of care or not applicable	V04.81 Need for prophylactic vaccination and inoculation, influenza
674.51 Peripartum cardiomyopathy, delivered, with or without mention of antepartum condition	V04.82 Need for prophylactic vaccination against respiratory syncytial virus in children
674.52 Peripartum cardiomyopathy, delivered, with mention of postpartum complication	V04.89 Need for prophylactic vaccination and inoculation, other viral diseases
674.53 Peripartum cardiomyopathy, antepartum condition or complication	V25.03 Encounter for emergency contraceptive counseling and prescription
674.54 Peripartum cardiomyopathy, postpartum condition	V58.63 Long-term (current) use of antiplatelets/antithrombotics
788.63 Urgency of urination	V58.64 Long-term (current) use of nonsteroidal antiinflammatories
790.21 Impaired fasting glucose	V58.65 Long-term (current) use of steroids
790.22 Impaired glucose tolerance test	V64.41 Laparoscopic surgical procedure converted to open procedure
790.29 Other abnormal glucose	V65.11 Pediatric prebirth visit for expectant mother
799.81 Decreased libido	V65.19 Other person consulting on behalf of another person
959.11 Other injury of chest wall	

DELETED CODES

With the expansion of the above codes to 5 characters, the following 4-character codes are no longer valid:

790.2 Abnormal glucose tolerance	V64.4 Laparoscopic surgical procedure converted to open procedure
959.1 Injury, trunk	V65.1 Person consulting on behalf of another person
V04.8 Need for prophylactic vaccination and inoculation against certain viral disease, Influenza	

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Urgency is the intense feeling of having to urinate; urge incontinence, on the other hand, is the intense feeling of having to urinate but being unable to make it to the bathroom. Because of this difference, the American Urological Association requested and was granted the new code 788.63 (urgency of urination).

Abnormal glucose. In 1997, the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus recommended designation of a new stage of impaired glucose condition, impaired fasting glucose.¹

A new code was requested to help identify patients with this disorder. Thus, the old code (790.2) has been expanded to 3 codes:

- 790.21, impaired fasting glucose
- 790.22, impaired glucose tolerance test
- 790.29, other abnormal glucose

The latter code includes an abnormal nonfasting glucose result.

Billing staff should make special note of this change since the old 3-digit code, frequently found on practice encounter forms, is invalid as of October 1, 2003.

Injury. Code 959.1 has been expanded to several 5-digit codes, to capture specific sites of trunk injury.

Use:

- 959.11 for injuries to the breast
- 959.12 for injuries to the abdomen
- 959.14 for injuries to the external genitalia (also referred to as the vulva, which includes the mons pubis, the labia majora and minora, the clitoris, the vestibule of the vagina and its glands, and the opening of the urethra and vagina)
- 959.19 (other injury of other sites of trunk, not otherwise specified) for injuries to the groin, buttock, or perineum.

Need for prophylactic vaccination. The code V04.8 (need for prophylactic vaccination and inoculation against influenza) has been expanded to 3 new codes. Report:

- V04.81 for patients receiving the influenza vaccine

The code for a laparoscopic surgical procedure converted to an open procedure has been expanded to include other surgical procedures converted to open.

- V04.82 for children receiving vaccination against respiratory syncytial virus
- V04.89 for patients receiving vaccination for other viral diseases

Long-term current drug use. Several new codes were added to this V58.6 code category.

Assign:

- V58.63 for use of antiplatelets or antithrombotics
- V58.64 for the use of nonsteroidal anti-inflammatories
- V58.65 for the long-term use of steroids

Converted procedures. The old code V64.4 (laparoscopic surgical procedure converted to open procedure) has been expanded to include other closed surgical procedures converted to open procedures. You must now use V64.41 to report the converted laparoscopy.

Other persons seeking consultation.

V65.1 (person consulting on behalf of another person) has been expanded to 2 codes:

- V65.11 denotes a visit to the pediatrician made by the pregnant mother
- V65.19 covers all other situations in which the person consulting with the physician is not the patient and the patient is not present. ■

REFERENCE

1. Report of the Expert Committee on the Diagnosis and Classification of Diabetes Mellitus. *Diabetes Care*. 1997;20:1183-1197.

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