

ICD-9-CM Code Updates

by Cindy Parman, CPC, CPC-H, RCC

As we continue the countdown to implementation of ICD-10-CM on Oct. 1, 2013, community cancer centers still need to update diagnosis codes on an annual basis. While not all of the diagnosis code updates relate to hematology or oncology services, some important new codes should have been added to charge tickets, EMR systems, and charge description masters effective Oct. 1, 2010.

Neoplasms

The ICD-9-CM Table of Neoplasms listing for neoplasm of the colon was revised. For 2011, the primary site code has been changed to **153.9** (malignant neoplasm of colon, unspecified), and the note has been revised to read “see also Neoplasm, intestine, large.” A subterm was also added under “colon” for “with rectum,” which points to code **154.0** for primary site. Based on the revised listing, a diagnosis of colon cancer not further specified should be reported with code **153.9**. Code **154.0** should not be assigned unless the diagnosis is documented as cancer of the colon *with* rectum.

Two new codes were added to the category for neurofibromatosis (NF). Schwannomatosis (code **237.73**) is a very rare and newly discovered form of NF in which patients develop multiple schwannomas throughout the body except on the vestibular nerve. New code **237.79** is to be used for other forms of NF for which there is not a specific ICD-9 diagnosis code.

Metabolic Disorders

The code for disorders of iron metabolism was subdivided into four new codes:

- **275.01:** Hereditary hemochromatosis, including bronzed diabetes and pigmentary cirrhosis
- **275.02:** Hemochromatosis due to repeated red blood cell transfusions, including iron overload due

to repeated red blood cell transfusions

- **275.03:** Other hemochromatosis
- **275.09:** Other disorders of iron metabolism.

The code for fluid overload was subdivided into two new codes for transfusion-associated circulatory overload (TACO) (**276.61**) and other fluid overload or fluid retention (**276.69**).

Diseases of Blood

Additional information was added to the 2011 ICD-9-CM Manual regarding code **285.22** (anemia in neoplastic disease). An “Excludes” note added

to this reference states that *aplastic anemia* due to antineoplastic chemotherapy should be reported with code **284.89** (other specified aplastic anemias).

Signs and Symptoms

The code for hemoptysis (**786.3**) was subdivided into three new codes for unspecified hemoptysis (**786.30**), acute idiopathic pulmonary hemorrhage in infants (**786.31**), and other hemoptysis (**786.39**).

New codes were added for signs and symptoms involving cognition, including:

- **799.5:** Attention or concentration deficit
- **799.52:** Cognitive communication deficit
- **799.53:** Visuospatial deficit
- **799.54:** Psychomotor deficit
- **799.55:** Frontal lobe and executive function deficit
- **799.59:** Other signs and symptoms involving cognition.

Transfusion Complications

The 2011 edition of ICD-9-CM contains numerous new and revised *continued on page 12*



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Table 1. New Oncology Diagnosis Codes – Effective Oct. 1, 2010

Diagnosis Code	Description
237.73	Schwannomatosis
237.79	Other neurofibromatosis
275.01	Hereditary hemochromatosis
275.02	Hemochromatosis due to repeated red blood cell transfusions
275.03	Other hemochromatosis
275.09	Other disorders of iron metabolism
276.61	Transfusion associated circulatory overload
276.69	Other fluid overload
287.41	Post-transfusion purpura
287.49	Other secondary thrombocytopenia
780.66	Febrile non-hemolytic transfusion reaction (FNHTR)
999.60	ABO incompatibility reaction, unspecified
999.61	ABO incompatibility with hemolytic transfusion reaction not specified as acute or delayed
999.62	ABO incompatibility with acute hemolytic transfusion reaction
999.63	ABO incompatibility with delayed hemolytic transfusion reaction
999.69	Other ABO incompatibility reaction
999.70	Rh incompatibility reaction, unspecified
999.71	Rh incompatibility with hemolytic transfusion reaction not specified as acute or delayed
999.72	Rh incompatibility with acute hemolytic transfusion reaction
999.73	Rh incompatibility with delayed hemolytic transfusion reaction
999.74	Other Rh incompatibility reaction
999.75	Non-ABO incompatibility reaction, unspecified
999.76	Non-ABO incompatibility with hemolytic transfusion reaction not specified as acute or delayed
999.77	Non-ABO incompatibility with acute hemolytic transfusion reaction
999.78	Non-ABO incompatibility with delayed hemolytic transfusion reaction
999.79	Other non-ABO incompatibility reaction
999.80	Transfusion reaction, unspecified
999.83	Hemolytic transfusion reaction, incompatibility unspecified
999.84	Acute hemolytic transfusion reaction, incompatibility unspecified
999.85	Delayed hemolytic transfusion reaction, incompatibility unspecified
V49.86	Do not resuscitate status
V88.11	Acquired total absence of pancreas
V88.12	Acquired partial absence of pancreas

Table 2. Invalid Diagnosis Codes – Effective Oct. 1, 2010

Diagnosis Code	Description
275.0	Disorders of iron metabolism
276.6	Fluid overload
287.4	Secondary thrombocytopenia
999.6	ABO incompatibility reaction
999.7	Rh incompatibility reaction

CODING & BILLING

codes for transfusion complications, including **276.61** (transfusion associated circulatory overload, TACO) listed above, **287.41** (post-transfusion purpura, PTP), and **780.66** (febrile nonhemolytic transfusion reaction, FNHTR).

In addition, there are new code series to report hemolytic transfusion reactions:

- **999.60-999.69:** ABO incompatibility
- **999.70-999.79:** Rh and non-ABO incompatibility
- **999.80-999.89:** Other transfusion reactions.

Of all types of transfusion reactions, hemolytic transfusion reaction (HTR) accounts for the majority of transfusion-related deaths. HTR occurs when the blood recipient and blood donor are incompatible, which results in accelerated destruction of red blood cells.

There are codes for “acute” and “delayed” reactions in each group of codes. In order to determine the correct diagnosis code, the time between the transfusion and the patient reaction is critical. If the patient has a reaction during the first 24 hours after infusion, the reaction would be “acute.” In contrast, if the patient did not have a transfusion reaction until after 24 hours (or as long as 28 days after the transfusion), the reaction would be reported with a “delayed” code.

For example, a patient receives a transfusion of two units of whole blood and experiences a hemolytic transfusion reaction. This type of reaction is caused by antibodies in the recipient’s plasma that react with

antigens on the donor’s erythrocytes, which results in rapid intravascular hemolysis of the donor red blood cells. The patient quickly develops hemoglobinemia. This situation would be coded as: **999.62** (ABO incompatibility with acute hemolytic transfusion reaction).

Long-Term Drug Use

Category **V07** (need for isolation and other prophylactic measures) was re-titled as “need for isolation and other prophylactic *or treatment* measures.” Additionally, the codes for use of drugs affecting estrogen receptors/levels were revised to remove the term “prophylactic.” The 2011 code definitions are:

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

In addition, the following diagnosis codes also had the verbiage “*or treatment*” added to the 2011 definition:

- **V07.8:** Other specified prophylactic or treatment measure
- **V07.9:** Unspecified prophylactic or treatment measure.

New and Revised V-Codes

A new code was added to report that the patient’s “do not resuscitate status” has been documented in the medical record (**V49.86**). In addition, code **V58.69** (long-term drug use) was updated to include that this code may also be reported for long-term (current) prophylactic drug use. Last, the following codes have been added to ICD-9-CM to report surgical excision of the pancreas:

- **V88.11:** Acquired total absence of pancreas

- **V88.12:** Acquired partial absence of pancreas.

Additional guidelines for these **V88** codes indicate that an additional code should be assigned to report insulin use (**V58.67**) or secondary diabetes mellitus (**249.00-249.91**).

Revised E-Code

Just when you think you’re familiar with every conceivable coding update—note that code **E017.0** was revised to state that the use of this code means the injury occurred while riding a roller coaster. Apparently, there was some confusion concerning whether “roller coaster” was one word or two words when the definition of this code was first published. We now have the answer.

Remember that the annual update to ICD-9-CM diagnosis codes provides an opportunity to review existing code capture documents and programs. In addition to the new codes and verbiage changes listed in this article, there are many other alterations to “Includes” and “Excludes” notes, clarifying verbiage and descriptor changes that became effective Oct. 1, 2010. This updated reporting information is essential for medical necessity information, capturing patient diagnoses for research purposes, quality improvement programs, and tracking patient care. 📄

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References

Centers for Disease Control and Prevention. *ICD-9-CM Guidelines, Conversion Table, and Addenda*. Available online at: http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm#guidelines <http://edocket.access.gpo.gov/2010/pdf/2010-9163.pdf>. Last accessed Sept. 29, 2010.

Table 3. Revised Diagnosis Codes – Effective Oct. 1, 2010

Diagnosis Code	Description
V07.51	Use of selective estrogen receptor modulators (SERMs)
V07.52	Use of aromatase inhibitors
V07.59	Use of other agents affecting estrogen receptors and estrogen levels
V07.8	Other specified prophylactic or treatment measure
V07.9	Unspecified prophylactic or treatment measure
E017.0	Roller coaster riding