

Eli's Rehab Report

ICD-9 2007: Gear Up Now for New Pain, Myelitis And Compartment Syndrome Codes

Caution: These codes have no grace period, so you should update your coding now

With new ICD9 Codes available in October, your diagnoses can more accurately support your reimbursement -- if you learn how to use the new codes.

CMS included a list of new ICD-9-CM codes in its new acute inpatient prospective payment system rule. And physiatry practices must be ready to begin using the new codes on Oct. 1 -- with no grace period.

1. Don't Overlook These New Pain Codes

Pain codes are in a new category in the nervous system chapter, says coding expert **Lisa Selman-Holman**, principal in Denton, Texas-based Selman-Holman & Associates. The new 338.xx series includes 11 new codes to better describe pain conditions:

- 338.0 -- Central pain syndrome
- 338.11 -- Acute pain due to trauma
- 338.12 -- Acute post-thoracotomy pain
- 338.18 -- Other acute postoperative pain
- 338.19 -- Other acute pain
- 338.21 -- Chronic pain due to trauma
- 338.22 -- Chronic post-thoracotomy pain
- 338.28 -- Other chronic postoperative pain
- 338.29 -- Other chronic pain
- 338.3 -- Neoplasm-related pain (acute) (chronic)
- 338.4 -- Chronic pain syndrome

"Having specific pain codes could help you justify a great deal of care," says **Lori Ladd**, area director and medical liaison for Purdue Pharma in Stanford, Conn.

Crucial: The key is to use these codes as supplemental or secondary diagnoses. After Oct. 1 you will be able to code pain even when it is integral to the disease or condition, experts say. But the pain should be significant enough that you are addressing it in your plan of care.

Suppose a physical therapist is working with a patient who has limited range of might use 719.7 (Difficulty in walking) as her primary diagnosis, but in addition to coding the joint replacement, she could use new code 338.18 to note the acute postoperative pain that's hindering that patient's walking, experts say.



Reporting secondary diagnoses might seem like extra, unnecessary work. But if you can paint a clearer picture of what the patient is experiencing, these codes could help justify additional therapy sessions or even additional modalities.

2. Consider New Compartment Syndrome Codes

You'll have new compartment syndrome codes to use as of Oct. 1. Throw out the old codes 958.8 (Other early complications of trauma) and 729.9 (Other unspecified disorders of soft tissue) and usher in these different traumatic and nontraumatic compartment syndrome codes:

- 729.71 -- Nontraumatic compartment syndrome of upper extremity
- 729.72 -- Nontraumatic compartment syndrome of lower extremity
- 729.73 -- Nontraumatic compartment syndrome of abdomen
- 729.79 -- Nontraumatic compartment syndrome of other sites
- 958.90 -- Compartment syndrome, unspecified
- 958.91 -- Traumatic compartment syndrome of upper extremity
- 958.92 -- Traumatic compartment syndrome of lower extremity
- 958.93 -- Traumatic compartment syndrome of abdomen
- 958.99 -- Traumatic compartment syndrome of other sites

Big change: The new ICD-9 codes separate out not only trauma versus nontrauma for causation but also anatomically where the compartment syndrome occurs (upper extremity, lower extremity, abdomen and other sites).

3. Gear Up to Break Out Myelitis Dx

Thirteen new codes and many revisions in the 323.x category (Encephalitis, myelitis, and encephalomyelitis) mean additions to the list of codes that can bring you additional specificity.

Previously, codes in this category lumped together encephalitis, myelitis and encephalomyelitis. The new codes break out myelitis diagnoses, Selman-Holman says.

For example: The code description for 323.0 (Encephalitis in viral diseases classified elsewhere) will be revised to read "Encephalitis, myelitis, and encephalomyelitis in viral diseases classified elsewhere."

The new codes in this subcategory separate the myelitis from the encephalopathies: 323.01 (Encephalitis and encephalomyelitis in viral diseases classified elsewhere) and 323.02 (Myelitis in viral diseases classified elsewhere).