

APS Update

PATHOLOGY NEWSLETTER

Volume 4

October 2007

Issue 10

ICD-9 Coding Update

Choosing the correct ICD-9 (diagnosis) code can sometimes be a difficult task. Failing to assign a complete or correct ICD-9 code commonly results in denials. Here are some tips that may help in choosing the appropriate ICD-9 code.

1. Code to the highest level of certainty. This means reporting the final diagnosis when one is provided. If the physician cannot determine a definitive diagnosis or the specimen is "normal," report the patient's signs and symptoms to support medical necessity.
2. Be as specific as possible. The code assigned should be the most precise code for the service. If a fourth or fifth digit is required, this needs to be assigned for a complete diagnosis.
3. Never report a code for a condition described as "rule out," "suspect," "probable," etc. This is assigning the patient an unconfirmed diagnosis. Instead, report the clinical signs and symptoms.
4. Assign "V" codes when applicable. This provides additional clinical information to the carrier. Most "V" codes are secondary codes, but on occasion a "V" code is primary, such as an elective sterilization.

It is October, which means it is time for the annual update for ICD-9. For 2008 there are over 160 new, revised and deleted diagnosis codes. There are 54 new codes for lymphoma which specify the type of lymphoma as well as which body part it affects. Another update will be expansions to codes for dysphagia and myotonic conditions. These changes became effective October 1, 2007.

Remember, there is no longer a grace period to implement these new and revised ICD-9 codes. Use of an outdated diagnosis code after October 1st will likely result in a denial. To ensure current, accurate diagnosis coding, make sure you consult the 2008 ICD-9 manual.

Diagnosis Coding News

Congress last year failed to enact a provision mandating a quick switch from the current ICD-9 diagnosis coding system to the next version, ICD-10, but the Centers for Medicare & Medicaid Services is moving ahead to prepare for an eventual transition. Medicare currently requires ICD-9 codes on lab claims in order for the claims to be paid.

CMS this month signed a contract (one year, plus four option years) with the American Health Information Management Association to assess ICD-10 implementation and related training consultation. Three subcontractors will work with AHIMA on the project: Symphony Corp., Vangent Inc., and The Rand Corp.

**Information provided by National Intelligence Report*



Pathology & Laboratory Cytopathology

Question: Is it appropriate to report code 88172 if a cytotechnologist performs an assessment for adequacy on a fine needle aspiration without the pathologist?

Answer: No, code 88172, *Cytopathology, evaluation of fine-needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)*, describes a physician service, and may not be reported when only a cytotechnologist assesses specimen adequacy.

**Information provided by CPT Assistant*

2007 EDUCATION CALENDAR
Hope to see you there!

Oct 26-27: Philadelphia, PA
MGMA 2007 Annual Conf.

Nov 17: Holmdel, NJ
NJ Society of Pathologists

Dec 1: Plymouth, MI
MI Society of Pathologists

Dec 5-8: San Francisco, CA
California Society of Pathologists

RACs and MUEs

The Recovery Audit Contractor (RAC) program is set to be expanded from its current three state pilot. In this program, contractor reviews Medicare paid claims records over a three year period to identify overpayments and recover those monies for the Medicare Trust Fund. Based on the experience in California, Florida and New York, the program will be expanded to include three new states in 2008 (Arizona, Massachusetts and South Carolina).

The primary focus of the recovered overpayments has been hospital claims. Only six percent of the total recovered for a four year period reviewed in the pilot was for physician claims and in most cases these were reductions in surgeon payments for multiple procedures on the same date of service. In the three states mentioned, total recoveries from physicians and ambulance services were roughly \$4 million.

Despite the small recovery from such providers the RAC program is likely to continue to have purview over such claims as an attempt to exempt physicians from the program in the future was denied.

On the MUE front there is motion to "remove the veil" from the MUEs and inform providers as to the "logic" behind the edits. While not a set policy, it appears as though CMS will consider making the MUEs public in order to gain comment and discussion around what really can be used to identify inadvertent claims (e.g. typos, etc.).

APS Medical Billing
5700 Southwyck Blvd.
Toledo, OH 43614
419-866-1804 / 800-288-8325
www.apsmedbill.com

Coding Corner

Can a bladder neck margin be reported separately when submitted with a Radical Prostatectomy specimen?

The main surgical specimen for a Radical Prostatectomy is the prostate gland, seminal vesicles, its capsule and the bladder neck margin. A small piece of bladder with the prostate is considered a margin of resection and not separately reportable, but if a significant portion is submitted, report the appropriate code. Additional specimens that are not part of a Radical Prostatectomy and reported separately are Lymph Nodes: 88305 for each lymph node biopsy or 88307 for each regional resection. Vas Deferens submitted for separate exam at the surgeon's request document is reported with 88304.

Three Fine Needle passes from the same lesion are submitted for immediate evaluation, is this reported as 88172?

Code 88172, per CPT, is an immediate evaluation of an aspirate which is equivalent to a "pass." A "pass" represents one needle aspiration sequence from a mass, lesion or site. If three passes are submitted for evaluation report 88172 x 3. Document each pass appropriately in the pathology report.

Do you have a coding question or maybe a specimen that you just want clarification on? A comment or coding concern? E-mail it to me at tscheanwald@ucbinc.com and I will provide answers and/or feedback.