

# AcSel Advisor

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## 2011 ICD-9 CODES UPDATES TAKE EFFECT OCTOBER 1

CMS has posted the new, revised and invalid diagnosis codes that will go into effect on October 1, 2010.

There are 122 new diagnosis codes. Most of the new diagnosis codes involve “V” codes (supplementary classification of factors influencing health status and contact with health services). Specifically, the body mass index (BMI) 40 and over, adult codes (V85.4 has been expanded into 5 new codes) and Congenital Malformations codes (V13.62 – V13.68).

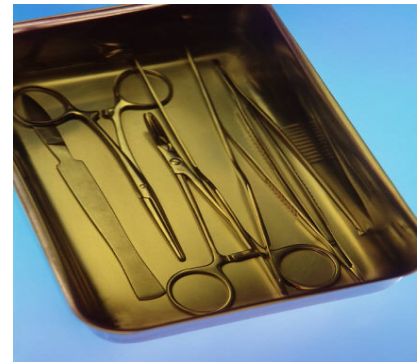
### Nervous System and Sense Organs

There are few ICD-9 changes for 2011 in ophthalmology. Relevant changes include the need to report additional codes to specify the type of foreign body when assigning the following diagnosis:

- 360.5 Retained (old) intraocular foreign body, magnetic (Disorders of the globe)
- 360.6 Retained (old) intraocular foreign body, nonmagnetic (Disorders of the globe)
- 374.86 Retained foreign body of eyelid
- 376.6 Retained foreign body following penetrating wound of orbit

### NEW V90: Retained foreign body (V90.01 – V90.9)

- V90.01 Retained depleted uranium fragments
- V90.09 Other retained radioactive fragments
- V90.10 Retained metal fragments, unspecified
- V90.11 Retained magnetic metal fragments
- V90.12 Retained nonmagnetic metal fragments
- V90.2 Retained plastic fragments
- V90.31 Retained animal quills or spines
- V90.32 Retained tooth
- V90.33 Retained wood fragments
- V90.39 Other retained organic fragments
- V90.81 Retained glass fragments
- V90.83 Retained stone or crystalline fragments
- V90.89 Other specified retained foreign body
- V90.9 Retained foreign body, unspecified material



Continued on page 2

## 2011 ICD-9-CM CHANGES EFFECTIVE 10/01/2010



## TIME TO UPDATE THOSE SUPERBILLS!!

## 2011 ICD-9 CODES UPDATES TAKE EFFECT OCTOBER 1—Cont.

### Circulatory System:

In 2011 there are new codes for ectasia:

- 447.70 Aortic ectasia, unspecified site
- 447.71 Thoracic aortic ectasia
- 447.72 Abdominal aortic ectasia
- 447.73 Thoracoabdominal aortic ectasia

### Respiratory System:

Code base 488 (Influenza due to certain identified influenza viruses) has been expanded:

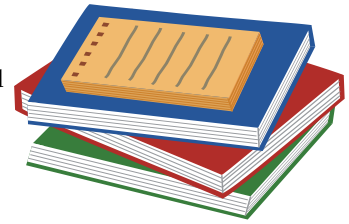
- 488.01 Influenza due to identified avian influenza virus with pneumonia
- 488.02 Influenza due to identified avian influenza virus with other respiratory manifestations
- 488.09 Influenza due to identified avian influenza virus with other manifestations
- 488.11 Influenza due to identified novel H1N1 influenza virus with pneumonia
- 488.12 Influenza due to identified novel H1N1 influenza virus with other respiratory manifestations
- 488.19 Influenza due to identified novel H1N1 influenza virus with other manifestations

### The following codes will be invalid as of Oct. 1, 2010

- 275.0 Disorders of iron metabolism
- 276.6 Fluid overload
- 287.4 Secondary thrombocytopenia
- 488.0 Influenza due to identified avian influenza virus
- 488.1 Influenza due to identified novel H1N1 influenza virus
- 752.3 Other anomalies of uterus
- 786.3 Hemoptysis
- 787.6 Incontinence of feces
- 970.8 Poisoning by other specified central nervous system stimulants
- 999.6 ABO incompatibility reaction
- 999.7 Rh incompatibility reaction
- V25.1 Encounter for insertion of intrauterine
- V85.4 Body Mass Index 40 and over, adult

### Injury and Poisoning

Complication of medical care, not elsewhere classified (999) has been expanded to include new codes for ABO incompatibility reaction, RH incompatibility reaction and other infusion and transfusion reaction.



- 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

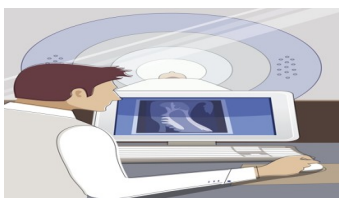
For a complete list of the new, revised and invalid diagnosis codes go to: [http://www.cms.gov/ICD9ProviderDiagnosticCodes/07\\_summarytables.asp](http://www.cms.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp)



### **PAYMENT FOR IMPLANTABLE TISSUE MARKERS AND IMPLANTABLE RADIATION DOSIMETERS**

Effective November 6, 2010, Medicare will reimburse physicians for HCPCS codes A4648 and A4650 when the implantable tissue markers or implantable radiation dosimeters are used in conjunction with CPT codes 19499, 32553, 49411 and 55876. However, these HCPCS codes will deny if payment of one of the CPT codes is not paid on the same claim or in the history with the same date of service.

For more information, go to: <http://www.cms.gov/Transmittals/downloads/R745OTN.pdf>



### **PECOS ENROLLMENT LETTER**

In June 2010, Medicare began mailing letters to physicians and non-physician practitioners who are currently enrolled in Medicare but who do not have an enrollment record in the Provider Enrollment, Chain, and Ownership System (PECOS). According to CMS, the purpose of the letter is to encourage providers to submit their enrollment application as soon as possible. Enrollment in PECOS will help ensure correct Medicare payment for services rendered; allow providers to continue ordering and referring services for Medicare beneficiaries; and to allow providers to receive incentive payments for “meaningful use” of certified electronic health technology.

For more information, go to: [https://www.cms.gov/MedicareProviderSupEnroll/04\\_InternetbasedPECOS.asp](https://www.cms.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp)

### **PART B MEDICARE PATIENTS WHO ARE ENTITLED TO VETERANS BENEFITS**

Veterans who are entitled to Medicare may choose which program will be responsible for payment for services that are covered by both programs. When a Part B beneficiary is identified as being entitled to Veteran Benefits, the billing provider should identify if the services have been preauthorized or will be paid by the Veterans Administration (VA).

For example, if the VA is responsible for payment for a procedure/service, the provider should not file a claim to Medicare. But, if the VA is not responsible for the procedure/service and no claim will be filed to the VA, the claim should be filed to Medicare. The claim must indicate that the VA did not authorize the service. An important note: if the claim is for multiple services, each line item must indicate whether the VA did not authorize and will not be filed or that a claim had been authorized and will be filed.

For more information, go to: <http://www.trailblazerhealth.com/Tools/Notices.aspx?DomainID=1&ID=13269>



### **STEREOTACTIC RADIOSURGERY (SRS) AND STEREOTACTIC BODY RADIOTHERAPY (SBRT)**

Effective November 1, 2010 the following CPT codes will pend for medical necessity criteria review when billed with the following diagnosis codes:

**CPT or HCPCS codes:** 61796, 61797, 61798, 61799, 61800, 77371, 77372, 77432, G0173, G0251, G0339 and G0340  
**Diagnosis codes:** 171.0, 190.0, 191.0-191.9, 192.1, 198.3, 198.4, 225.1, 225.2, 237.5, 237.6 or 350.1

In addition, the following CPT codes will also pend when billed with the following diagnosis codes:

**CPT or HCPCS codes:** 63620, 63621, 77373, 77435, G0173, G0251, G0339 and G0340  
**Diagnosis codes:** 192.2, 192.3, 198.3, 198.4, 225.3, 225.4, 237.5 or 237.6

For more information, go to: [http://www.anthem.com/provider/va/f5/s1/t0/pw\\_b147151.pdf?refer=ahpprovider&state=va](http://www.anthem.com/provider/va/f5/s1/t0/pw_b147151.pdf?refer=ahpprovider&state=va)





**Finalized Virginia LCDs –Podiatry and Nail Avulsion**

Trailblazer’s has posted three finalized Local Coverage Determinations (LCDs) regarding podiatry and nail avulsion on their website. The LCDs are: 1. Routine Foot Care– P-12Bva 2. Mycotic Nail Debridement– P-14Bva and 3. Nail Avulsion –P-9Bva . The effective dates of the LCDs is August 16, 2010. To review the listed LCD’s in their entirety go to <http://www.trailblazerhealth.com/Tools/LCDs.aspx>



**Billing of Vitamin B12 (Cyanocobalmin) Injections**

In the recent monthly newsletter, Carefirst reminds providers the injection of Vitamin B12 (J3420, intramuscular or subcutaneous) is billed as one unit when providing up to a 1,000 mcg dose. Proper billing of units may effect a patient’s co-pay, coinsurance or deductible. According to Carefirst’s medical policy, vitamin B12 injection is considered medically necessary for the following diagnoses:

- \* Pernicious anemia
- \* Documented vitamin B12 deficiency
- \* When used as the flushing dose in the Schilling test for vitamin B12 malabsorption.

All other diagnoses do not meet the medically necessary criteria at Carefirst and are not covered under the plan.

For more information, go to: <http://www.carefirst.com>



**SUMMERTIME- “FIRST AID”**

**FIND- A- WORD**

A	E	T	I	B	E	K	A	N	S	N	D	H	A
J	N	F	S	S	L	S	H	T	F	L	B	Y	S
L	G	A	C	G	N	I	N	O	S	I	O	P	C
R	R	I	P	W	H	O	S	Z	D	I	X	O	H
A	E	N	R	H	S	I	T	T	U	O	H	T	O
S	E	T	S	O	Y	U	N	A	E	O	S	H	K
E	U	I	M	X	O	L	I	O	S	R	I	E	I
E	B	N	E	Q	T	R	A	U	M	A	T	R	N
Y	L	G	B	S	Z	O	R	X	D	O	I	M	G
E	A	A	Y	U	I	T	P	W	I	D	R	I	Z
N	C	R	N	D	R	Q	S	U	S	S	E	A	N
I	K	R	M	O	M	N	X	S	L	Z	T	S	O
T	E	E	E	P	H	O	T	I	O	A	N	E	I
C	Y	I	E	V	A	S	H	O	C	K	E	T	S
E	E	P	P	X	E	I	T	U	A	O	O	I	A
J	T	A	A	Z	S	F	N	W	T	I	R	B	R
B	N	I	R	U	I	S	Q	E	I	A	T	T	B
O	N	D	C	H	U	A	T	X	O	T	S	C	A
N	A	U	S	K	R	I	D	I	N	O	A	E	L
G	T	K	C	O	B	U	R	N	S	X	G	S	A
I	R	P	R	T	S	I	H	T	U	W	I	N	E
E	I	O	S	W	Z	S	T	R	O	K	E	I	N
R	D	O	G	B	I	T	E	E	X	Q	S	D	R
O	R	H	E	A	R	T	A	T	T	A	C	K	O
F	A	R	M	H	N	I	A	P	T	S	E	H	C

- |                  |                       |
|------------------|-----------------------|
| ANAPHYLAXIS      | FOREIGN OBJECT IN EYE |
| ARM PAIN         | FROSTBITE             |
| BLACK EYE        | GASTROENTERITIS       |
| BLISTER          | HEART ATTACK          |
| BRUISE           | HYPOTHERMIA           |
| BURNS            | INSECT BITE           |
| CHEST PAIN       | POISONING             |
| CHOKING          | SCRAPE                |
| CORNEAL ABRASION | SHOCK                 |
| CPR              | SNAKEBITE             |
| CUT              | SPRAIN                |
| DISLOCATION      | STROKE                |
| DOG BITE         | SUNBURN               |
| FAINTING         | TICKBITE              |
| FEVER            | TRAUMA                |

**ANSWERS TO LAST MONTH’S MEDICAL TERMINOLOGY CROSSWORD**

**ACROSS:** 1. FINGER, 4. CRANIUM, 7. OVARY, 8. MANDIBLE, 14. INCLUSION

**DOWN:** 2. NEOPLASM, 5. OTOPLASTY, 6. KIDNEY, 9. ADENOMATA, 10. BRUIT, 11. MYOSITIS, 12. KERATITIS, 13. RENAL