

# Socioeconomic tips of the month

## ICD-9-CM changes

by the Division of Advocacy and Health Policy

Surgeons need to be aware of some of the changes in the ICD-9-CM diagnosis codes that became effective October 1, 2002. These codes must be used on claims filed beginning on January 1, 2003.

A new coding convention for sequencing a diagnosis that is a causal condition has been added to the *ICD-9-CM Official Guidelines for Coding and Reporting*. To access the new guidelines, please go to: <http://www.cdc.gov/nchs/datawh/ftp/ftpicd9/ftpicd9.htm#guide>.

Several new codes that have been added are those used to report dieulefoy lesions of the stomach, duodenum, and intestine, as well as the disruption of internal and external operation wounds. The code to report "other general symptoms" has been changed from a four-digit to a five-digit classification.

There have been a number of changes in those used for vascular heart disease and heart failure. Specifically, the four-digit codes used to report arterial dissection has been expanded to new five-digit codes that describe which artery has been dissected.

A new series of V codes has been introduced to report aftercare following surgery to specified body systems and for healing traumatic pathological fractures. We should caution you that the ICD-9-CM V codes should not be used unless they require or affect patient case treatment of management. You should only use these aftercare codes when you would previously have used V 58.4 or V 54.4-8.

All surgeons and their staffs should review the ICD-9-CM changes and make sure that the changes are added to any software used to generate claims for their practices. The complete index and tabular list of ICD-9-CM changes can be viewed at and downloaded from the National Center for Health Statistics Web site at <http://www.cdc.gov/nchs/datawh/ftp/ftpicd9/ftpicd9.htm#addenda>. The files are posted in Adobe Acrobat format (\*.pdf).

### Medicare carrier bulletins

Surgeons may download from the Medicare Part B Web site any provider newsletters released dur-

## Around the corner

### January

- Effective January 1, 2002:
  - 2003 Medicare fee schedule.
  - First-quarter update to correct coding edits (version 9.0).
  - The 90-day implementation period for the 2002 Current Procedural Terminology (CPT) and Healthcare Common Procedures Coding System (HCPCS) codes begins.
- ACS-sponsored basic and advanced coding workshops for surgeons at the Louisiana Chapter meeting on January 11, 2002. Please visit the ACS Web page at <http://www.facs.org/dept/hpa/workshops/cdwkshop.htm> or contact Irene Dworakowski, tel. 202/672-1507, or e-mail [IDworakowski@facs.org](mailto:IDworakowski@facs.org) for more information.

ing the Centers for Medicare & Medicaid Services (CMS)-mandated moratorium on distribution of paper copies of newsletters scheduled from July through October 2002. Some topics that appeared in provider newsletters during this time were new and revised local medical review policies (LMRPs) for diagnostic colonoscopy, removal of benign or premalignant skin lesions, and ablation of hepatic tumors. Please note that each carrier implements LMRPs on an independent schedule and some practices may be unaffected by the changes. We invite you to visit the ACS resource page that contains links to all Part B carriers at <http://www.facs.org/dept/hpa/practmanres.html>. Surgeons who do not have access to the Internet are encouraged to contact their carriers to get paper copies of the information contained in those publications. □

This column helps answers questions from Fellows and their staffs and provides useful tips for surgical practices. Developed by the College staff and consultants, this information will be accessible on our Web site for easy access. If there are topics that you would like to see addressed in future columns, please contact the Division of Advocacy and Health Policy by fax at 202/337-4271, or e-mail [HealthPolicyAdvocacy@facs.org](mailto:HealthPolicyAdvocacy@facs.org).