

AHIMA Audio Seminar Errata

ICD-9-CM Coding for Obstetrics *presented on August 16, 2007*

Clarification: Presentation Slides

Slide 10:

Codes V82.71 and V82.79 are not new for October 2007. However, effective 10/1/07 the ICD-9-CM Tabular subcategory includes the following Excludes note under V82.7:
Excludes: genetic testing for procreative management (V26.31-V26.39)

Slide 38:

Any qualified health care practitioner for genetic counseling reports ICD-9-CM diagnostic code V26.33, genetic counseling.

For outpatient reporting CPT code 96040, medical genetics and genetic counseling services, is reported only by trained genetic counselors. For genetic counseling provided by a physician the appropriate CPT Evaluation and Management codes are assigned.

Q & A Discussion

ICD-10-CM: AHIMA Initiative and Resources

AHIMA calls upon the Department of Health and Human Services (HHS)—the code set maintenance organization for the United States—and the healthcare industry to take quick and decisive action to expedite the adoption and implementation of ICD-10-CM and ICD-10-PCS code sets, rules, and guidelines as a replacement for ICD-9-CM.

For AHIMA's ICD-10-CM and ICD-10-PCS advocacy efforts please visit:

<http://www.ahima.org/icd10/advocacy.asp>

To view the July 2007 release of ICD-10-CM please visit:

<http://www.cdc.gov/nchs/about/otheract/icd9/abtcd10.htm>

Clarification: Reporting Code V22.2 in All Healthcare Settings

Please refer to the following ICD-9-CM coding guideline for reporting code V22.2 Pregnancy state, incidental in the inpatient, outpatient, or physician office setting:

ICD-9-CM Official Guidelines for Coding and Reporting, Section I C, Chapter-Specific Coding Guidelines

Chapter 11: Complications of Pregnancy, Childbirth, and the Puerperium (630-677)

A. General Rules for Obstetric Cases

1) Codes from chapter 11 and sequencing priority

Obstetric cases require codes from chapter 11, codes in the range 630-677, Complications of Pregnancy, Childbirth, and the Puerperium. Chapter 11 codes have sequencing priority over codes from other chapters. Additional codes from other chapters may be used in

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conjunction with chapter 11 codes to further specify conditions. Should the provider document that the pregnancy is incidental to the encounter, then code V22.2 should be used in place of any chapter 11 codes. It is the provider's responsibility to state that the condition being treated is not affecting the pregnancy.

Please note: Section I chapter specific guidelines apply to all health care settings unless otherwise indicated. The term encounter is used for all settings, including hospital admissions. The term provider is used throughout the guidelines to mean physician or any qualified health care practitioner.

To view the ICD-9-CM Official Guidelines for Coding and Reporting please visit:
<http://www.cdc.gov/nchs/datawh/ftpser/ftp/cd9/ftp/cd9.htm#guidelines>

Clarification: Norma Coding Case

During the audio seminar Judy explained under professional billing, physicians are allowed to bill "outside" the OB global package for treating conditions not related to the pregnancy; i.e., gallbladder disease, bronchitis, etc. In these instances Judy's experience has been that some third party payers will treat the claim as "related to the pregnancy" if a code in the ICD-9-CM V22 category is reported on the claim.

Under the Health Insurance Portability and Accountability Act (HIPAA) electronic health care transactions and code sets standard the Norma coding case illustrates the need for providers to work directly with payers to remind them of the requirement to comply with the ICD-9-CM Official Guidelines for Coding and Reporting, which in this example includes:

Code V22.2 is reported as a secondary diagnosis when the primary reason for the encounter is unrelated to the pregnancy. The primary reason for the encounter is listed first, and code V22.2 is listed second.