

# The Essential Guide to ICD-9 Coding *for* Therapy Professionals

**A How-To Resource for PTs, OTs, and SLPs**

Kate Brewer, PT, MBA, GCS

+CPro

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# Contents

<b>Acknowledgments.....</b>	<b>v</b>
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## **Section I: Understanding ICD-9 Codes**

<b>Chapter 1: ICD-9 Coding.....</b>	<b>1</b>
-------------------------------------	----------

Introduction .....	3
Definition of ICD-9 Codes.....	3
Key Point .....	4
Importance of ICD-9 Coding.....	4

<b>Chapter 2: How to Code.....</b>	<b>7</b>
------------------------------------	----------

Types and Order of Codes .....	9
Choosing the Treatment Diagnosis .....	10
Key Points .....	10
Coding the Medical Diagnosis.....	10
Key Point .....	10
Multiple Medical Diagnoses.....	11
Summary of Key Points .....	12
Coding to the Highest Degree of Specificity .....	13
Awareness of Inclusions and Exclusions.....	13
Possible and Probable Codes .....	14
Staying Current on Codes .....	14
Submitting a Claim for Therapy Services.....	15
V Codes for Therapy Services .....	15

**Chapter 3: Problem ICD-9 Codes..... 17**

Late-Effect Codes ..... 19  
V Codes ..... 20  
Local Coverage Decisions (LCD) ..... 20  
National Coverage Decisions (NCD) ..... 21  
Summary ..... 23

**Chapter 4: Practical Tips for ICD-9 Coding for Therapy Services..... 25**

Coordination of the ICD-9 Coding Process ..... 27  
Discard Rogue Forms and Cheat Sheets ..... 28  
Avoid ICD-9 Coding Ruts ..... 28  
Code to the Highest Level of Specificity ..... 28  
List all Applicable Codes to Support Medical Necessity ..... 28  
Awareness of Local Coverage Decisions and National Coverage Decisions ..... 29

**Section II**

Commonly Used ICD-9 codes ..... 31

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Chapter 1

# ICD-9 Coding



# ICD-9 Coding

## Introduction

ICD-9 coding is a key component in the submission and payment of claims for therapy services. The ICD-9 codes chosen by the therapist communicate valuable information about the patient or client and can help support the medical necessity of the interventions provided to prevent denials and ensure optimal reimbursement. This guide serves as a resource for therapy professionals to help explain the importance of ICD-9 coding, as well as provide some guidelines to ensure the appropriate codes are chosen.

## Definition of ICD-9 Codes

ICD-9 codes refer to the International Classification of Diseases, which classifies morbidity and mortality information for statistical purposes. These codes create a uniform system of assigning numerical values to different diseases, conditions, injuries, and pathologies that can occur to the human body. This numerical classification creates a “language” whereby providers and payers can communicate about a patient’s condition with some level of clarity.

### ***Coding example***

When a therapist lists code 715.16 on the claim, the payer is instantly aware that the patient had osteoarthritis of the lower leg, which would help provide clarity as to why certain interventions were performed.

ICD-9 codes are maintained by the American Medical Association and are updated on an annual basis on October 1. At this annual update, codes are deleted, modified, and added based upon the decisions of the responsible committee. It is important to check for the updates on the codes on an annual basis because their use goes into effect October 1, with no grace period. It is essential for your business to stay on top of these changes so that you don't have claims rejected for invalid codes.

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### Key Point

To ensure that you are up to date on the ICD-9 changes every year, you can visit the Centers for Medicare & Medicaid Services' (CMS) Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov) and visit the section on ICD-9 Provider and Diagnostic Codes for the updated files, which are posted free of charge.

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## Importance of ICD-9 Coding

Accurate ICD-9 coding affects many different things relevant to the provision of therapy services. Let's look more in depth at each of them:

- Accurate ICD-9 coding creates a “clean” claim for faster payment
  - A claim with ICD-9 codes that are expired or are not considered acceptable because they are not specific enough will be returned to the provider or rejected from the payer. This results in delayed payment and extra processing time. Accurate coding helps ensure appropriate reimbursement of therapy claims by making the claim complete for ease of payment in a timely fashion.
- Accurate ICD-9 coding prevents therapy denials
  - Accurate ICD-9 coding will prevent any aberrant billing patterns that may cause a CMS contractor to look further at your claims. It will also provide information up front as to the medical conditions and complexities that the patient had, which may have affected the patient's ability to progress with therapy services, and therefore demonstrate the necessity of the therapy intervention.
- Accurate ICD-9 coding will assist in supporting medical necessity
  - One of the key components of establishing medical necessity is to prove that the services provided were appropriate for the diagnosis of the individual's illness or injury.

The ICD-9 code establishes the diagnosis to help set the groundwork to support why the treatment should qualify for payment. If the progress of the patient was slow because the patient had multiple comorbidities—such as congestive heart failure and arthritis—including these ICD-9 codes will help convey to the payer why the length of treatment was greater than expected.

- Accurate ICD-9 coding will help demonstrate the skilled services provided to the beneficiary.
  - The necessity of a therapist to provide skilled therapeutic interventions is strengthened when the ICD-9 coding shows the complexity of the patient’s condition. The description of a complicated medical condition justifies treatment from a professional therapist and helps support the medical necessity of the intervention.
- Accurate ICD-9 coding plays a role in statistical data collection which may affect future policy making from a Medicare or other payer standpoint.
  - Claim submission data is collected into a pool that can allow statistical analysis, which may impact future payment policies. A good example of how ICD-9 coding is being used to shape payment policy is the Medicare cap-exception process. This process was created by CMS, who used ICD-9 coding as an initial mechanism to identify certain conditions and complexities which warranted additional therapy interventions, perhaps beyond the annual therapy cap, along with other qualifying factors. Most likely this database of codes was gleaned from submitted claim information to identify trends and conditions that may merit additional therapy services.

It would be reasonable to assume that future payment policy would also be directly linked to ICD-9 data to associate medical conditions with intensity of therapeutic intervention. This makes it crucial that the claims being coded for therapy services are accurate, in order to convey meaningful information to Medicare and therefore positively shape future policy decisions. ICD-9 coding is also used in data-gathering efforts for the Quality Indicator and Quality Measures processes also coordinated by Medicare.

All of the preceding points demonstrate why ICD-9 coding is a crucial skill for therapy professionals to understand. The obvious link to payment gives the clinician reason to invest the time to focus and learn accurate coding procedures. Accurately coded claims help ensure timely reimbursement, help prevent denials, and play an important part in future policy promulgation related to therapy services.