



Decoding Patient Diagnoses for Payment

In March at the WPTA Payer Forum, payers expressed a concern about physical therapy billing related to selection of ICD-9 codes to describe a patient's diagnosis. It is important for PTs as a profession to describe their services accurately through coding to optimize reimbursement. Therefore, we wanted to share some information on ICD-9 Coding as it relates to physical therapy & provide you with resources to assist you with proper coding.

ICD-9- What is it? The International Classification of Disease is developed collaboratively between the World Health Organization (WHO) and 10 international centers, for purposes of ensuring that medical terms reported on death certificates are internationally comparable and lend themselves to statistical analysis. The ICD has been revised approximately every 10 years since 1900 in order to reflect changes in understanding of disease mechanisms and in disease terminology. (ICD-10 due out October 1st this year!)

When billing for services provided by a physical therapist, it is necessary to specify the diagnosis that is being treated. Choosing an ICD-9 code for billing purposes can be a challenge. It is suggested that you select a code that most accurately describes the condition you are treating based on the objective evidence. It is usually advisable to prioritize the codes beginning with the code associated with the reason the patient was seeking care from you as a PT first. This code is most appropriately related to the patient's rehab diagnosis. If you are treating two or more separate conditions, be sure to include all the codes and specify which interventions apply to each diagnosis listed.

Step by Step Process in utilizing an ICD-9 Code Book:

- 1) Carefully review your documentation for diagnoses, problems & conditions.
- 2) Determine which Classification Area it falls under and its Code Range of Category Codes. **For Example: "Diseases of the Nervous System and Sense Organs: 320-389" or "Diseases of the Musculoskeletal System and Connective Tissue: 710-739 or "Signs Symptoms & Conditions: 780-779". You should reference the PT GUIDE TO PRACTICE for suggested ICD-9 Codes for certain diagnostic categories.**
- 3) Identify the main term for each diagnosis and look for any additional qualifiers or icons associated with the code. Fourth digits are often added to describe etiology, site, and manifestation. Fifth digits offer more yet precision. **For example: the ICD-9 Code for Joint Contracture is 718 if it occurs in the shoulder 718.41, elbow 718.42, and the wrist 718.43.**
- 4) Look up the associated definitions. Many times more than one diagnosis in a certain body region will share the same code. **For Example: Injury of the hip joint or pelvic region share the code: 718.85.**
- 5) Review restrictions known from Medicare or past experience with other payers. Keep track of those ICD-9 codes that successfully meet your rehab diagnoses and the payer's requirements!

V-codes: V- Codes are used to describe problems- other than disease or injury- that influence the patient's condition. V-codes are not primary diagnoses and therefore are paired with ICD-9 codes except in rare circumstances. They are generally listed after the ICD-9 code as explanatory. **For example: V 54.1: Aftercare for healing traumatic FX. Or V43.6: Status Post Total Knee Replacement /Total Hip Replacement. Or V41 to indicate special sensory organ dysfunction- blindness, deafness.**

PTs have challenges with claims denial due to "invalid diagnosis code." When asked, many PTs are utilizing old ICD-9 guides that are out of date! Coding updates occur annually! Many diagnoses now require a fourth or fifth digit to the diagnosis code. (Effective on October 1, 2003)

We have placed "ICD-9 Codes Frequently Used by PT" on the WPTA Website for your consideration. Compare this list to your typical patient database & add codes where they are lacking. Be sure to use the most specific code available. "Assign three-digit codes (category codes) if there are no four-digit codes within the category. Assign four-digit codes (subcategory codes) if there are no five-digit codes for that category. Assign five-digit codes (fifth-digit sub classification codes) for those categories where they are available." (*ICD-9-CM 2004*, Volumes 1 and 2. Ingenix Publishing Inc, 2003. Introduction, page 3.) All codes are updated for 2006. Available from www.IngenixOnline.com or Ingenix, PO Box 27116, Salt Lake City, UT 84127-0116.

The International Classification of Diseases (ICD-9) is published by the AMA and can be obtained by calling 800/621-8335.