

## Coding Issues and Rejections Begin to Appear: Pleading Your Case

Surprisingly one of the first issues that has come to light in New York State was a physician claim that was rejecting for the use of a code for hyperlipidemia (E78.5) and hyperglycemia (R73.9). Currently there is an Excludes1 Note I for the use of the two codes together.

This issue was slated for correction at a September 2013 meeting of the ICD-10 Coordination and Maintenance Committee, but ICD-10 was then delayed again and the correction was not finalized. It appears it is a typo in the tabular list and the note should have actually been an Excludes2 note. With this correction the two codes would be allowed to be used together.

Currently the partial code freeze means only ICD-10 codes for new technologies and new diagnoses were considered for October 1, 2015 (or will be considered for April 1, 2016 if needed). All other ICD-10 code updates would be made after the code freeze ends on October 1, 2016. The last updates to the ICD-10 code sets were made on October 1, 2011. On October 1, 2012, October 1, 2013, and October 1, 2014 there were only limited code updates to the ICD-10 code sets to capture new technologies and diseases. **The FY 2014 release of ICD-10-CM included all official authorized addenda through October 1, 2013.** There were no changes to the FY2015 and FY 2016 ICD-10-CM Tabular or Index files therefore there are no FY 2015/6 addenda files.

When trying to rectify a claim issue, knowing where to find this type of background and supporting information could help you plead your case and collect your reimbursement. To find other potential corrections that have been proposed in recent years, visit the Centers for Disease Control and Prevention website at: [www.cdc.gov/nchs/icd/icd9cm\\_maintenance.htm](http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm)

In another unrelated issue, the use of Z3A to report weeks of gestation with a code from Chapter 15, Pregnancy, Childbirth and the Puerperium (O00-O9A) has also been discussed in the addenda. Currently, at the beginning of Chapter 15 there is an instructional note to use a code from category Z3A with any code in this chapter. A Coding Clinic from third quarter 2014 stated however, that "Codes in category Z3A, Weeks of Gestation are not applicable, and should not be assigned if the pregnancy is outside of the uterus or otherwise nonviable (categories O00-O02)." It further states they were considering a proposal to rectify this conflicting note. In a proposal to the ICD-10 Coordination and Maintenance Committee from the September 2015 meeting, they are proposing a change to this use additional code note to state " Use additional code: Codes from category Z3A are for use, only on the maternal record, to indicate the weeks of gestation of the pregnancy **if applicable.**" This might be a welcome change for some but it still provides little in the way of clarification. Coders will want to know what "if applicable" means. For example, it might be reasonable to think that code O02.0, Blighted ovum and nonhydatidiform mole is nonviable and never was and doesn't need an additional Z3A code to specify the weeks of gestation. Does it make sense to include code O02.1, Missed abortion in this logic? If the weeks were stated by the provider, wouldn't it be applicable to know in which week the missed abortion occurred? Questions like these are likely to continue as coders try to do the best they can to meet the spirit of the guidelines.

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