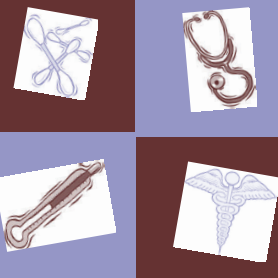


Diablo Medical Billing, Inc.

INFORMANT



Lead Story Headline

ICD-9 changes, effective 10-01-2010

It's that time of year again. New ICD-9 codes go into effect with date of service October 1. Your account representative will make sure your claims are being submitted with the appropriate codes. You can help your account rep by being **AS SPECIFIC AS POSSIBLE** in your documentation. For example, don't use "back pain" – we need the location of the pain. "Diabetes" is not sufficient – controlled? Insulin-dependant? If there is an open wound, we need to know where (including left or right) and how big. This specificity will also help get you prepared for ICD-10!

Changes for 2010:

Overweight:

- 278.00 Obesity, unspecified
- 278.01 Morbid Obesity
- 278.02 Overweight
- 278.03 Obesity hypoventilation syndrome

Also include BMI, as there are several new codes for this which should be used in addition to the above codes.

Jaw Pain:

- 784.92 This is NOT to be used for TMJ

Convulsions:

- 780.31 Febrile seizure unspecified
- 780.32 Febrile seizure complex
- 780.33 Post-traumatic seizure (within one week of head injury)

Spinal Stenosis:

- 724.00 Spinal Stenosis, unspecified region
- 724.01 Thoracic Region
- 724.02 Lumbar Region, WITHOUT claudication
- 724.03 Lumbar Region, WITH claudication

Influenza: There are lots of changes to this category! To select the correct code, your account rep will need to know if it is **confirmed** avian or H1N1 influenza, and if there is pneumonia, or other respiratory manifestations, or other non-respiratory manifestations. Again, please be specific.

If you would like to see the entire list of new codes, we will be happy to provide that to your office.

Remember this check list when checking in a patient:

- **Insurance card** ~ make sure it hasn't changed and the;
- **Co-Pay** ~ make sure it also hasn't changed;
- **Address** ~ again, has it changed ?

These elements are important when it comes to billing and getting reimbursement for the doctors.

The more you do on the front end, the easier it is on the back end.



CMS Expands Tobacco Cessation Counseling Coverage

Under the revised policy, Medicare will cover tobacco counseling for outpatient and hospitalized beneficiaries:

- Who use tobacco, regardless of whether the patient has signs or symptoms of tobacco-related disease;
- Who are competent and alert at the time that counseling is provided; and
- Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner.

Medicare will cover two individual tobacco cessation counseling attempts per year. Each attempt may include a maximum of four intermediate or intensive sessions, with the total annual benefit thus covering up to eight sessions per Medicare beneficiary who uses tobacco. The practitioner and patient have the flexibility to choose between intermediate (< 3 min.) or intensive (< 10 min.) cessation counseling sessions for each attempt.

