

Payment Received...Experts Share Strategies for MNT  
Billing Success

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### *Definitions*

- Diagnosis codes describe an individual's medical condition and are required on claims submitted by healthcare professionals to third party payers.
- ICD-9 or the International Classification of Diseases, Ninth Revision is the current, official code set used for tracking disease/condition incidence in all health care settings in the US.

### *Scope of Practice issues*

Doctors of medicine and osteopathy are the legal entities trained and licensed to perform a medical diagnosis. Both physicians and certified coders, specifically trained in proper code selection, are responsible for determining the corresponding diagnosis code for the diagnosed medical condition/disease.

### *Examples of Diagnosis Codes (ICD9-CM) for Medicare Part B MNT Services for Diabetes:*

Diabetes mellitus<sup>1</sup>

Diagnosis codes under category 250 identify complications/manifestations associated with diabetes mellitus. A fifth-digit is required for all category 250 codes to identify the type of diabetes mellitus and whether the diabetes is controlled or uncontrolled. Examples include:

- 250.00—type II or unspecified type, not stated as uncontrolled
- 250.01—type I [juvenile type], not stated as uncontrolled
- 250.02—type II or unspecified type, uncontrolled
- 250.03—type I, [juvenile type], uncontrolled

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<sup>1</sup> ICD-9-CM Official Guidelines for Coding and Reporting, Effective October 1, 2007; accessed from the National Center for Health Statistics' Web site at: <http://www.cdc.gov/nchs/datawh/ftp/ftp9/icdguide07.pdf>

*Examples of Diagnosis Codes (ICD9-CM) for Medicare Part B MNT Services for Chronic Kidney Disease:*

Chronic kidney disease<sup>2</sup>

The ICD-9-CM classifies chronic kidney disease (CKD) based on severity. The severity of CKD is designated by stages I-V. A fourth-digit is required for chronic kidney disease codes (585).

- 585.3; chronic kidney disease, Stage III (moderate)  
[Kidney damage with moderate decrease in GFR (30-59)]
- 585.4; chronic kidney disease, Stage IV (severe)  
[Kidney damage with severe decrease in GFR (15-29)]
- 585.5; chronic kidney disease, Stage V  
[Excludes chronic kidney disease, Stage V requiring chronic dialysis  
Kidney failure with GFR value of less than 15]

*Kidney Transplant*

- V42.0 – organ tissue replaced by transplant, kidney

[NOTE: Some Medicare local coverage determination (LCD) policies may list additional diabetes and kidney disease diagnosis codes that apply to Medicare MNT services. Check ADA's web for access to Medicare LCDs: [www.eatright.org/mnt](http://www.eatright.org/mnt).]

*Updates to diagnosis code sets in the US*

ICD-10 is coming; the implementation date is October 1, 2013. Watch for more details on ADA's Web page.

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<sup>2</sup> Source: International Classification of Diseases- ICD-9-CM 2008; Physician, Volumes 1 and 2, 9th Revision, Clinical Modification; AMA