

## Internal Medicine Coding Alert

### Reader Question: Late Effects

Question: When a patient is being treated for a condition that is the late effect of a traumatic injury (e.g., post-traumatic arthritis following an ankle fracture), is it correct to sequence the code for the post-traumatic arthritis first and the late effects codes second? Can you share a citation for this?

Michigan Subscriber

Answer: You are correct. The code for the patient's current condition is sequenced first, and the late effect code is sequenced second. In your example, you should code 716.17 (Traumatic arthropathy, ankle and foot) followed by 905.4 (Late effect of fracture of lower extremities). The rules for sequencing codes for late effects are in the Official ICD-9-CM Guidelines for Coding and Reporting. These guidelines are printed in many ICD-9 manuals or you may download them from [www.ahacentraloffice.org/pdf\\_docs/OfficialGuidelines.pdf](http://www.ahacentraloffice.org/pdf_docs/OfficialGuidelines.pdf). Guidelines for coding late effects are under section 1.7, Late Effect. These guidelines state, "The residual condition or nature of the late effect is sequenced first, followed by the cause of the late effect, except in those few instances where the code for late effect is followed by a manifestation code identified in the Tabular List and title or the late effect code has been expanded (at the fourth and fifth digit levels) to include the manifestation(s)."

The code series for late effects of cerebrovascular disease (438.xx) is an example of a late effect code that has been expanded to combine the condition and the late effect. For instance, a claim for a patient who is left with a paralysis as the result of a stroke should be assigned only one code, 438.21 (Late effects of cerebrovascular disease, hemiplegia affecting dominant side). In the 438 code series, one code describes both the patient's current condition and the cause of that condition.