

Part B Insider (Multispecialty) Coding Alert

ICD-9 CODING: Code Late Effects With Ease

Know these two important exceptions.

When coding for late effects, sequencing is everything. Keep one rule of thumb and two exceptions in mind and you'll be right on track. Identifying a true late effect can require investigation of the past medical history and targeted questioning to determine the relationship between the previous event and the current presenting symptoms.

To find the right late effect code, look in the alphabetic index under "late effects." Then look through the sub-terms to find the right diagnosis.

Rule of thumb: You'll generally need to list two codes for a late effect. Sequence the condition or nature of the late effect first, followed by the late effect code.

For example: Your patient had polio as a child. Now you are providing care for the late effect of paraplegia. To code for this patient, you would list 344.1 (Paraplegia) and 138 (Late effects of acute poliomyelitis), says **Trish Twombly, RN, BSN, HCS-D, CHCE**, director of coding with Foundation Management Services in Denton, Texas.

Use one code for CVA late effects: CVAs are the first exception to late effects coding guidelines.

Most late effects of stroke codes are combination codes, so you'll only need one code, Twombly says.

Two new late effects of stroke codes became available Oct. 1: 438.13 (Late effects of cerebrovascular disease; dysarthria) and 438.14 (Late effects of cerebrovascular disease; fluency disorder).

There are some combination codes, however, that still require additional information according to the coding guidelines. Some of the combination codes in the 438.xx category instruct you to add a second code. In those situations, you will sequence your codes in reverse order than you would for other late effects:

You'll code the late effect code first, followed by the residual, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of Selman-Holman & Associates and CoDR-Coding Done Right in Denton, Texas.

So, if you're coding for the residual of a stroke and there is no ICD-9 combination code for it, you would list 438.89 (Other late effects of cerebrovascular disease), Twombly says. Follow this with a second code to identify the specific late effect.

Code manifestations differently:

Manifestations are the second exception in late effect coding. When coding manifestations, you must sequence the underlying etiology first, followed by the manifestation code.

For example: Your patient has curvature of the spine as a late effect of polio. For this patient, Twombly suggests coding 138 for a late effect of polio first, followed by 737.40 (Curvature of spine, associated with other conditions; unspecified).

For a clip-and-save guide on how to properly code late effects, turn to page 308.