

## Part B Insider (Multispecialty) Coding Alert

### NEUROLOGY: Say Goodbye To 436 And Hello To 434.9x For Stroke

**Bonus: New code will allow for reimbursement on some noncovered services**

If you've been receiving denials for stroke, you may not be using the correct code. Here's the lowdown on how a new, clearer code will make all the difference.

**Old way:** For a simple "stroke" diagnosis, you would have reported 436 (Acute, but ill-defined, cerebrovascular disease) as the appropriate code, says **Jackie Miller, RHIA, CPC**, senior consultant at **Coding Strategies Inc.** in Dallas, GA.

**New way:** The ICD-9 index lists **434.91** (Cerebral artery occlusion, unspecified, with cerebral infarction) as the appropriate diagnosis for stroke. Under the new ICD-9 Alphabetic Index, a diagnosis of "cerebrovascular accident," or CVA, will also automatically translate to an occlusion with infarction, Miller says.

**Act now:** Some coders haven't yet caught up with the change from 436 to 434.91 for stroke, and some practices haven't adjusted their preprinted superbills or coding reference sheets to reflect the new rule, Miller says. The reason may be that this change did not incorporate new diagnoses or delete existing codes--it just adjusted the "pointer" in the alphabetic index. |

Even though the transition to 434.91 seems minor, the new diagnosis will allow for reimbursement on some previously noncovered services for stroke patients. "There have been some scenarios in the past where [providers] might not get paid for an interpretation of a CT or an MR" scan with a diagnosis of 436, but they would with 434.91, Miller says.

**Keep in mind:** You may not find specific benefits for your practice, but the advantage lies with better data collection, especially with regard to potential tracking of "best practices" treatment efficacy.

**Example:** The neurologist's failure to note a complication of cerebral hemorrhage with stroke could vastly understate the seriousness of the patient's condition, explains **Sandy Nicholson**, a consultant with **Pershing Yoakley & Associates** in Atlanta. "Embolic strokes have one-fifth the mortality rate of hemorrhagic strokes," she says.

Also, if other providers don't realize the patient has a hemorrhage and they start him on Coumadin or aspirin, the patient could experience potentially fatal side effects. If the neurologist specifies that the patient has a hemorrhage, you should use ICD-9 code 431, Miller says. Medicare will cover some procedures for a stroke with hemorrhage but not without, such as surgical or transcatheter interventions. "The more specific [providers] can be, the better off they're going to be," Miller says.