

Eli's Rehab Report

Clarification: Coding Late Effects of CVA

The February 2003 article "Use Just One Diagnosis Code for Late Effects of Stroke" advised coders to report 434.0x (Cerebral thrombosis) with V12.49 (Personal history of certain other diseases; other disorders of nervous system and sense organs) when a prior stroke patient presents to the hospital with a subsequent stroke but has no residual defects from her first cerebrovascular accident (CVA). However, Section 1.7 of ICD-9 advises coders to report V12.59 (Personal history of certain other diseases of circulatory system; other) instead of V12.49 in this scenario.

In addition, "Many PM&R auditors recommend coding the late effects which may be present from the onset or may arise at any time after the onset of the condition," advises **Janet O'Connor, CPC**, billing/coding and compliance manager at the University of Virginia's department of physical medicine and rehabilitation. "If a patient is transferred from an acute hospital to our rehab service and the physiatrist is treating the patient's hemiparesis, I assign the 438.2x series (Late effects of cerebrovascular disease; hemiplegia/hemiparesis) as the primary diagnosis instead of 436 (Acute, but ill-defined, cerebrovascular disease) because you should always report the treating diagnosis first."