

Eli's Rehab Report

Put Your Late Effects Knowledge to the Test

2 coding scenarios challenge what you've learned

Choosing late effects codes isn't always an easy task. Try your hand at the following two scenarios - knowing the answers will keep your coding sharp and your documentation flawless.

Scenario 1: A 25-year-old male was transferred to an inpatient rehab hospital with a diagnosis of anoxic brain damage due to previous intracranial injury that occurred three months ago, when the patient was accidentally struck by a car while walking along the highway.

Scenario 2: A female patient underwent surgery to try to repair paralysis of her right wrist, due to a previous laceration of multiple nerves in the wrist from an accident. A physiatrist admits her for therapies because some degree of paralysis still remains.

Answer 1: To fully identify the service the physiatrist provides the patient, you must provide several codes, says **Janet O'Connor, CPC**, assistant billing manager of UVA [Physical Medicine](#) and Rehabilitation in Charlottesville, Va.

You should use 348.1 (Anoxic brain damage) as the primary code, [ICD-9 907.0](#) (Late effect of intracranial injury without mention of skull fracture), and E929.0 (Late effects of motor vehicle accident).

Answer 2: In this case, you should use 354.9 (Mononeuritis of upper limb, unspecified) as the primary code, 907.4 (Late effect of injury to peripheral nerve of shoulder girdle and upper limb), and E929.9 (Late effects of unspecified accident).