

## Eli's Rehab Report

### Use Just One Diagnosis Code for Late Effects of Stroke

Coding the late effects of a cerebrovascular accident (CVA, or stroke) differs from the process you use to report late effects of most other injuries and illnesses. The secret is to select one code from ICD-9's 438 series to describe both the late effect from the CVA and the cause of the late effect.

#### Stroke Coding Is an Exception to the Rule

Coding for CVA patients deviates from the general rule on coding late effects, says **Julie Jarvis, CPC**, owner of Underwood Billing, a coding and billing firm in Orlando, Fla. Coders are familiar with listing two codes the residual effect and the cause of the condition on the claim form when coding late effects, but this isn't correct when stroke causes the late effects.

The ICD-9 manual includes a separate section (438.x) that lists the late effects of cerebrovascular disease. These codes, such as 438.11 (Aphasia as late effect of cerebrovascular disease), describe both the residual condition and the cause.

A late effect is a residual condition that a patient still has after the acute phase of an injury or illness has ended. Examples of late effects from a CVA include speech deficits (438.1x) or paralysis (438.2x-438.5x).

Physiatrists normally use these codes in two situations:

**1. The CVA patient sees the physician for a late effect-related complaint.** In this case, you should code the late effect as the primary diagnosis. For example, a patient sees the physiatrist concerning continued arm paralysis three months after a CVA. Use 438.30 (Late effects of cerebrovascular disease; monoplegia of upper limb affecting unspecified side).

**2. The physician admits the patient for treatment of another CVA.** In this scenario, code the current CVA first, followed by the appropriate late effects code. This identifies those deficits that relate to the present CVA and those that associate with pre-existing conditions.

For example, the physician admits a patient experiencing acute cerebral thrombosis. The patient previously had a stroke, which left her with impaired speech. Code the current condition first, says Jarvis, using 434.0x (Cerebral thrombosis), and add 438.12 (Late effects of cerebrovascular disease; dysphasia) as a secondary diagnosis. If the patient has no residual problems from the first CVA, report V12.59 (Personal history of certain other diseases of circulatory system; other) as the second diagnosis, according to Section 1.7 of ICD-9.

Do not use late effects codes when reporting a patient's hospital discharge after stroke treatment, Jarvis says. Instead, you should report 436 (Acute, but ill-defined, cerebrovascular disease) to describe the CVA along with the ICD-9 codes that denote the impairments that the patient still has.

For example, if the patient is paralyzed on one side of the body, report 342.90 (Hemiplegia, unspecified, affecting unspecified side) as the secondary diagnosis code following 436.

#### Add a Code to Describe Unnamed Conditions

Two codes in the 438 series require you to add a secondary code. The first is 438.89 (Other late effects of cerebrovascular disease). When ICD-9 does not list the patient's residual condition, use this along with a second code to provide further detail. For example, report 438.89 followed by 596.59 (Other functional disorder of bladder) for a patient

who is incontinent as a result of a CVA.

The second code in this category is 438.5x (Late effects of cerebrovascular disease; other paralytic syndrome). When ICD-9 does not specify the patient's paralytic syndrome in the 438 series, Jarvis advises using 438.5x and another code, such as 344.00-344.09 (Quadriplegia and quadriplegia), to indicate the type of the patient's paralysis.

### **List Late Effects Codes on Superbill**

Some PM&R practices erroneously code late effects as acute conditions, says **Geri Johnson**, coder at Capital PM&R in Trenton, N.J. "If your practice sees a lot of stroke patients, list the late effect code series (438.x) on your superbills so the physicians and the office staff are aware of them."

To determine whether a condition is a late effect, look for keywords in the physician's documentation such as "late," "old," "due to," "caused by" and "following."