Eli's Rehab Report

You Be the Coder: Stroke-Related Muscle Weakness

The Case: Were having an inpatient coding problem: When patients left the hospital after a hip injury or stroke and were sent to a rehabilitation unit for another reason (they were weak, needed muscle strength training, etc.), we had been coding for stroke/hip replacement. But thats not why the rehabilitation center was seeing them. So now were trying to do a blend of maybe one medical code, along with the V code for the rehab. Then we put generalized fatigue or muscle weakness, or another generic weakness, which isnt a strong code to bill by itself. Were billing for something thats a result of the stroke, but not for the stroke itself. How should we code for this?

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Answer: Youre on the right track with the V codes because you probably are using a custom-designed billing form, like many private practices. Most rehabilitation centers use either the standard HCFA 700 or 701 forms, which have separate entry spaces for primary and treatment diagnoses. But there still is a way you can code both diagnoses using your own form.

Normally when coding primary and treating diagnoses, the diagnosis that is chiefly responsible for the visit (in this case, a stroke) is listed first, and the secondary diagnosis is listed afterward. But according to the 1999 ICD-9-CM, The only exception to this rule is that patients receiving chemotherapy, radiation therapy, or rehabilitation, the appropriate V code for the service is listed first, and the diagnosis or problem for which the service is being performed listed second.

In your case, therefore, because it is a rehabilitation service, you first would list the diagnosis for the fatigue (one of the V57 codes) then the primary reason for the visit, which is a stroke (436).

Editors note: Advice for the answer was provided by **Peter Weiman, OT**, Ashton Woods Rehabilitation Center, Atlanta, Ga., and **Sylvia Albert, CPC**, of AcSel Corp., a coding and billing firm in Virginia Beach, Va.