

## Eli's Hospice Insider

### Reader Question: Get ALS Patient Coding Right With This Advice

**Tip: Watch for unrelated conditions in hospice coding.**

**Question:** Our hospice patient has a terminal diagnosis of amyotrophic lateral sclerosis (ALS). She also has dysphagia resulting in loss of weight, decreased respiratory function, and dependence on a respirator, along with emphysema. She is bedbound and has a stage III pressure ulcer on the coccyx. What diagnosis codes should we list for her?

**Answer:** List the following diagnosis codes on your claim for this hospice patient, says **Lisa Selman-Holman**, JD, BSN, RN, HCS-D, COS-C, consultant and principal of **Selman-Holman & Associates** and **CoDR**  **Coding Done Right** in Denton, Texas.

Terminal diagnosis: 335.20 (Amyotrophic lateral sclerosis) Co-Morbidities:

- 787.20 (Dysphagia, unspecified)
- 783.21 (Loss of weight)
- 707.03 (Pressure ulcer; lower back)
- 707.23 (Pressure ulcer stage III)
- V49.84 (Bed confinement status)
- V46.11 (Dependence on respirator, status)

Unrelated diagnosis: 492.8 (Other emphysema)

A home health coder would include the emphysema diagnosis with the "other diagnoses" but at least one HHH Medicare Administrative Contractor thinks differently.

Home Health and Hospice MAC **Palmetto GBA** explains on its website that a beneficiary with ALS and clinically significant COPD could have specific ALS-related impairments of respiration function (such as impaired respiratory muscle function), along with COPD-related impairments of the respiratory system (such as changes in the structure of the bronchial tree and/or alveoli, with associated impaired respiratory functions), Selman-Holman says.

"The COPD can be considered unrelated because it's different mechanics than the ALS," Selman-Holman says. You can also consider the emphysema as unrelated because it is a pre-existing condition.