Home Health ICD-9/ICD-10 Alert

Clip & Save: USE THIS GUIDE TO ACE COMMON THERAPY CODES

Never again confuse 719.7 and 781.2

The maze of therapy codes used in home health often leaves coders lost - here's a roadmap to keep you headed in the right direction, courtesy of **Lynn Yetman, RN, MA**, with **Reingruber & Co.** in St. Petersburg, FL.

   719.7 (Difficulty in walking): Use this code when there is a chronic condition such as osteoarthritis or DJD. Difficulty in walking infers a relationship to "joint" disorders. This condition is not an indirect result of a surgical procedure, notes the Home Health Diagnosis Coding Manual.

   728.2 (Muscle wasting and disuse atrophy, NEC): Report this code when documentation shows a measurable decrease in the size of muscle groups or a prolonged period of inactivity. Do not use this code to indicate temporary weakness following hospitalization.

   728.87 (Muscle weakness): Use this code when there is a general decrease in muscle strength, and for a deconditioning diagnosis as well as muscle atrophy. (Remaining in bed for longer than 2 or 3 days leads to physicaldeconditioning.) Coders might use this code for a patient after a prolonged hospitalization and immobility.

Note: Under the coding update effective Oct. 1, 2005, 728.87 will include the non-essential modifier of "generalized." That means the ICD-9-CM has made clear that generalized muscle weakness - not just weakness involving one muscle group - is acceptable to use this diagnosis.

"Beware this code if the patient's functional score is F1 or F0 on the OASIS (indicated by a HIPPS code on the bill of HxEx1 or HxFx1)," warns **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. "**Palmetto GBA** has downcoded the diagnosis of muscle weakness on claims based on the patient's functional abilities score."

   728.9 (Unspecified disorder of muscle, ligament and fascia): Report this nonspecific code when there are no more specific codes available.

   781.2 (Abnormality of gait): Use this code when a residual effect from a neurological problem exists, such as CVA, MS, Alzheimer's, Parkinson's, ALS, myasthenia and spondylosis. Also use this code for orthopedic problems, following orthopedic procedures, THR, TKR, acute fractures and amputations. This code also can indicate upper extremity problems, because "normal gait" includes arm swings.

Types of abnormal gaits include ataxic, apraxic, antalgic, propulsive, spastic and scissors. Therapy documentation should reflect the effects of the disorder. An example might be: "Patient presents with antalgic gait, greatly favoring her left side, patient c/o pain in left ankle d/t gout."

   780.79 (Other malaise and fatigue): This code indicates weakness, lack of strength, lethargy and listlessness. This code often is appropriate for patients following a viral infection. Codes 780-799 describe ill-defined conditions; practically all categories in this group could be designated "not otherwise specified" or as "unknown etiology."

   799.3 (Debility, unspecified): This is a general and ill-defined code that includes frailty, weakness due to old age, infirmity and feebleness. These conditions generally are not a focus of home care, and a payor may consider them not medically necessary.

Caution: Many therapists will use the term "abnormality of gait" to indicate all kinds of gait abnormalities, notes Selman-Holman. That means the coder must query the therapist about the probable reason for the abnormal gait. That information will help lead you to the correct code, she says.

"For example, if the abnormal gait is because of arthritis in the foot causing an antalgic gait, then the correct symptom code would be difficulty in walking. Coding abnormality of gait in this case is upcoding," Selman-Holman warns.

Remember: Do not choose a symptom code when there is a valid definitive code available unless the definitive code would portray the needs of the patient inaccurately (see related story, p. 57). "Certain diagnoses would be a more specific choice and still provide case mix points," Selman-Holman reminds coders.

For example, if the patient has an abnormal gait because of a spinal disc problem (case mix codes in the 722-724 series), you'd code that problem rather than abnormality of gait.

 "Also note that the 781 category excludes the use of many codes including disorders of the back, so don't use abnormality of gait when the patient's diagnosis is lower back pain," Selman-Holman instructs.