

Home Health ICD-9/ICD-10 Alert

Coding 101: Late Effects Require Two Codes - Most Of The Time

Hint: CVA is an exception.

If you don't understand late effects coding, you could be creating an inaccurate record, reimbursement delays and payer problems.

Coding late effects generally requires two codes, explains coding consultant **Prinny Rose Abraham** with Minneapolis-based **HIQM**. Sequence the late effects code first and the residual code second. For instance, a keloid scar (701.4), as the late effect of lacerated arm (906.1), she says.

Example: For traumatic arthritis of the ankle due to an old fracture in the ankle joint, code 716.17 (Traumatic arthropathy; ankle and foot) plus 905.4 (Late effect of fracture of lower extremities).

Why it matters: A late effect is a residual condition that a patient still has after the acute phase of an injury or illness has ended. Besides providing an accurate picture of the patient's condition during the home health episode, late effects codes can be an important factor in determining which payer is primary in accidents and workers' comp situations. There is no time limit for using a late effects code, Abraham says.

CVA patients are an exception to the general rule on coding late effects, says **Shawn R. Hafer**, CCS-P, CPC, coding consultant with the Twin Falls, ID-based **Brown Consulting Associates Inc**. The CVA section of late effects codes has been expanded to fourth and fifth digits that include both the late effects and the cause, Hafer says.

Stroke Coding Follows the Exception to the Rule

Don't get tripped up by the difference between late effect CVA codes and other late effect codes, experts warn. The ICD-9 manual instructs you to assign one code describing both the residual condition and the cause when the late effects code has been expanded to a fourth or fifth digit that describes the residual condition. CVA is one of these situations.

Example: For a patient with lower limb paralysis resulting from a CVA several years ago, code 438.40 describes both late effects of cerebrovascular accident and monoplegia of lower limb affecting unspecified side.

In contrast, for a patient with paralysis of the right leg due to poliomyelitis 50 years ago, you would code 344.30 (Monoplegia of lower limb; affecting unspecified side) plus 138 (Late effects of acute poliomyelitis), Hafer illustrates.

Many home health patients with cerebrovascular accidents are still in the rehabilitative phase when they are admitted and will qualify for an acute CVA code. When the patient reaches a plateau or if she is readmitted in a later episode, late effects codes become important.

"The most confusing late effects issue occurs when a patient is admitted for home care after an acute CVA and has a history of an old CVA with residuals," Abraham warns. In that situation she recommends following these coding guidelines:

1. Do not assign code 438 when current diagnoses classifiable to the 430-437 categories are present.
2. Assign codes for the individual residuals from the old CVA as additional codes for a patient admitted with a current CVA.

3. Document the onset and exacerbation dates for each diagnosis as close to the actual date as possible.