Home Health ICD-9/ICD-10 Alert

Coding How-To: Improve Your Late Effects Coding

Focus first on these 6 strategies.

Many providers are improperly coding late effects as acute conditions - but coders can solve that problem by brushing up on their late effects codes.

"Many providers are not aware of this category of codes, and some coders are not either," says Shawn R. Hafer, CCS-P, CPC, coding consultant with the Twin Falls, ID-based **Brown Consulting Associates Inc.**

Use the following strategies to improve your late-effects coding accuracy:

1. Know your index. Use late effects codes to describe residual effects from a wide variety of illnesses and injuries, including poisonings, burns, sprains and fractures. To find the categories where late effects codes apply, search the alphabetical index in your ICD-9 book using the key term "late" and the subterm "effects." The ICD-9 manual provides a separate subsection (905-909) describing "late effects of injuries, poisonings, toxic effects, and other external causes."

2. Chose one code or the other. Never use the code for the acute phase of an illness or injury (i.e., CVA) with a late effect code, (i.e., 438) unless it is for a separate incident.

Exception: "If a patient has a current CVA and deficits from an old CVA, ICD-9 2005 guidelines state that you may use codes from category 438 with codes from 430-437," says **Janet O'Connor**, CPC, assistant billing manager at **UVA Physical Medicine and Rehab** in Charlottesville, VA.

Example: A patient who has impaired speech as a result of a previous subdural hemorrhage is admitted to home health for rehabilitation after an acute cerebral thrombosis. Code the current condition first, using 434.0x (Cerebral thrombosis), and use 438.12 (Late effects of cerebrovascular disease; dysphasia) as a secondary diagnosis. If the patient has no residual problems from the first CVA, using V12.59 (Diseases of circulatory system; other) would indicate a history of cerebrovascular disease with no neurological deficits.

3. Tell the whole story. Late effects tell the whole story of a patient's condition, and they present a much clearer picture to the carrier of why a provider may choose to treat a patient in a particular way, says **Terry Fletcher**, CPC, CCS-P, CCS, a coding and reimbursement specialist in Laguna Niguel, CA.

Specifically, late effects codes link what is going on with the patient now with what happened in the past. "Like E codes for external causes of injury and poisoning, late effects codes provide a more complete picture of the reason for treatment and can become an issue for patients who are injured in an auto accident or in workers' compensation claims," Fletcher says.

4. Note key words. To determine whether a condition is a late effect, you should look for keywords in the documentation, says coding consultant **Kristine D. Eckis,** CMM, CPC, owner of **Bottom Line Medical Administrative Consultants Inc**. in Lake Wales, FL. Such key words might include "due to," "following," "as a result of" and "residual effect."

5. Describe unnamed CVA conditions. Two codes in the 438 series require you to add a secondary code "because they are nonspecific, and you need another code to be as specific as possible," says **Linda Becker**, RN, CMC, at **Madonna Rehabilitation Hospital** in Lincoln, NE. The first is 438.89 (Other late effects of cerebrovascular disease). When ICD-9 does not list the patient's residual condition, use 438.89 along with a second code to provide further detail.

Example: For a patient who has urinary incontinence due to CVA, you should report 438.89 followed by 596.59 (Other functional disorder of bladder) and 788.39 (Other urinary incontinence).

The second code in this category is 438.5x (Late effects of cerebrovascular disease; other paralytic syndrome). ICD-9 may not specify the patient's paralytic syndrome in the 438 series, so you might use 438.5x and another code, such as 344.00-344.09 (Quadriplegia and quadriparesis), to indicate the type of the patient's paralysis.

6. Don't confuse late effects with complications. "A complication is essentially not a part of a patient's disease, condition or problem," says **Babette Christofferson,** coding and billing specialist at **Scottsbluff Physiatry Associates** in Scottsbluff, NE. A complication is typically associated with a difficulty or problem that occurs with a specific procedure and not the lasting effects of the original disease or injury.