

## Home Health ICD-9/ICD-10 Alert

### Coding Quiz: Look For Details When Coding Incontinence

The right code should support care.

Not every patient is incontinent for the same reason, so you need the physician's specific diagnosis for the cause to accurately code incontinence.

"Some incontinence, like stress incontinence, is fully treatable and reversible," says **Christine Twombly, RNC**, chief clinical consultant for **Reingruber & Company** in St. Petersburg, FL. "If you appropriately diagnose the type of incontinence, then it's easier to treat."

#### Code To Support Care

Listing the correct code for the type of incontinence can help lend support to your claims when you're actively treating this condition.

**For example:** Your patient had a urinary tract infection (UTI) and was fitted with a catheter. The UTI cleared up and the catheter has been removed. The primary reason that your patient is receiving skilled therapy is to set up a bowel and bladder retraining program. List the code for the type of incontinence your patient has been diagnosed with on the OASIS and UB-04. For example, list 788.31 (Urge incontinence).

Incontinence treatment is considered skilled treatment under Medicare coverage rules. And home care agencies have also been working to improve their urinary incontinence outcomes. Coding accurately can help track these patients.

#### Test Your Incontinence Coding Savvy

Put your knowledge to work -- match the description for each type of incontinence with the corresponding ICD-9 code. Check your answers on page 31.

1. Due to a variety of problems such as an enlarged prostate or urethral stricture, patients with this diagnosis retain urine when the bladder has reached full capacity. This causes a distended bladder that leaks small amounts of urine.
2. Patients with this diagnosis suffer from an overactive detrusor muscle, which causes an abrupt urgency to expel moderate to large amounts of urine. Also known as overactive bladder.
3. Patients diagnosed with this type of incontinence have an impaired urethral closure that leaks a small amount of urine when physical activity such as coughing, sneezing, laughing, walking stairs or lifting puts increased pressure on the bladder. Also known as outlet incompetence.
4. These patients are diagnosed with a combination of stress incontinence and urge incontinence.
5. Patients with this diagnosis don't have an inherently abnormal urinary tract function. They are incontinent due to external factors such as physical weakness, poor mobility or dexterity, cognitive problems, use of certain medications, or environmental impediments.

Note your answers here: **1.** \_\_\_\_ **2.** \_\_\_\_ **3.** \_\_\_\_ **4.** \_\_\_\_ **5.** \_\_\_\_

## ICD-9 Coding Definitions

- A.** Stress incontinence. Use 625.6 (Stress incontinence, female) for female patients with this diagnosis and 788.32 (Stress incontinence, male) for male patients.
- B.** Urge incontinence. Use 788.31 (Urge incontinence) for patients with this diagnosis.
- C.** Mixed incontinence. List 788.33 (Mixed incontinence, [male] [female]) to indicate patients with this diagnosis.
- D.** Overflow incontinence. Use 788.38 (Overflow incontinence) for patients with this diagnosis. Be sure to also code the underlying problem if documented, such as 600.01 (Hypertrophy [benign] of prostate with urinary retention) or 598.1 (Traumatic urethral stricture).
- E.** Functional incontinence. Use 788.39 (Other urinary incontinence) to report patients with this diagnosis. Currently, there is no specific subterm for this type of incontinence in the Alphabetic Index. Under "Incontinence," look under "specified NEC" (not elsewhere classified) and you will find code 788.39. Don't forget to also code the underlying problem if documented. If you are having difficulty assigning a code for the underlying problem, discuss the situation with the doctor to get a clarification, experts suggest.