

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

### **CODING TIP: Look To Length Of Stay When Coding Fatigue, Weakness For Cardiorespiratory Patients**

**Malaise and fatigue may be a precursor to muscle weakness.**

Coders often look to 780.79 (Other malaise and fatigue) to describe a cardiorespiratory patient's condition, but relying on this coding assumption could cost your agency 11 case mix points.

Generally, cardiorespiratory cases are associated with 780.79, but don't assume that you can't report 728.87 (Muscle weakness [generalized]) for these patients, says **Jun Mapili, PT, MAEd**, rehab therapies supervisor with **Global Home Care** in Troy, MI.

**Key:** Assign a code based on the individual presentation of each patient, not on generalization, Mapili says. The documentation will tell you which code is the most appropriate to use.

Choose 780.79 for malaise and fatigue when your patient needs short-term therapy (generally three to five visits) after a short-term hospitalization if a loss of function has occurred and there is no spontaneous recovery, Mapili says.

Look to 728.87 for patients who stayed in the hospital for a longer period (six weeks or more) and who show true muscle weakness during manual muscle tests, Mapili says.

This is true even for cardiopulmonary cases. Code 728.87 is also appropriate for patients who had decompensation prior to hospitalization, experts say.

Reporting 728.87 will earn 11 case mix points, as opposed to non-case mix code 780.79.

**Don't miss:** Body malaise and fatigue is a subjective condition that can be diagnosed based on complaints from the patient, Mapili says. But this condition can progress to true muscle weakness, based on objective findings such as manual muscle testing, when there is prolonged decrease in mobility and the muscles are deconditioned.