

Home Health ICD-9/ICD-10 Alert

Conquering Case Mix: Test Your Weakness Coding Savvy With This Case Study

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List 585.6 if your patient is receiving dialysis, no matter what stage. Listing a code from the 728.x category (Other disorders of muscle, ligament, and fascia) can add 11 case mix points to your claim. But to secure those points, you'll need to be certain your documentation contains specifics.

Coding scenario: Your patient has chronic renal failure and was on peritoneal dialysis. She went to the hospital for removal of the PD catheter and insertion of a fistula. When she returned home, your therapist found muscle weakness that will require more than 10 visits. The patient has a 23-cm incision with 30 staples open to air. You won't be doing any wound care, just assessment of the surgical area. The patient is diabetic and her physician says she is in stage-IV renal failure, but he can't confirm that diabetes caused the renal failure.

Code for this patient as follows, suggests **Judy Adams, RN, BSN, HCS-D**, with **LarsonAllen** in Charlotte, NC:

- M0230a: V58.76 (Aftercare following surgery of the genitourinary system, NEC);
- M0240b: 728.87 (Muscle weakness [generalized])
- M0240c: 585.6 (End stage renal disease);
- M0240d: 250.00 (Diabetes mellitus without mention of complication; type II or unspecified type, not stated as uncontrolled); and
- M0245a: 728.87 (Muscle weakness [generalized]).

List V58.76 as the primary diagnosis code because this patient had both a removal of a peritoneal catheter and the insertion of an AV fistula for chronic renal failure, Adams says. The nurse will monitor the surgical site while the physical therapist will deal with weakness resulting from her chronic kidney failure and the subsequent surgery, so the aftercare code is appropriate, she says

Do this: For extensive muscle weakness that is not expected to reverse without physical therapy, 728.87 is the appropriate code, says Adams. But use of this code, she says, assumes that the physical therapist is able to:

- document a significant decrease in muscle strength,
- describe the patient's prior and current level of functioning, and
- explain why it will require skilled therapy to restore functioning to a previous level.

Interventions and goals should focus on treatment to improve strength and list realistic functional goals that the patient can accomplish because of the strengthening.

Payoff: List 728.87 in M0245 because this weakness code would have been the primary diagnosis before the use of the V codes in home health, Adams says. The physical therapist's services to improve strength appear to be the most intensive follow-up care after the surgery.

Use 585.6 to code for the chronic kidney disease, rather than 585.4 (Chronic kidney disease, Stage IV [severe]). Although the physician says the patient has stage-IV chronic kidney disease, the patient requires chronic dialysis, first through the peritoneal dialysis catheter and now via the A-V fistula, Adams says. Regardless of the stage, the instructions under 585.6 indicate that this is the correct code for chronic kidney disease requiring dialysis.

To report the patient's diabetes, list 250.00 for type II, not stated as uncontrolled, Adams advises. Use this default code

because the type wasn't specified and there was no indication that it was uncontrolled. While about one-third of people with diabetes will develop chronic kidney disease, you cannot assume that the two conditions are related.

Another way: Looking at the same scenario, you might consider the muscle weakness as primary, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. Based on the information given, the muscle weakness isn't necessarily the result of the surgical procedure, she says. If this turns out to be the case, sequence the muscle weakness first and then list V58.76 as a secondary code.

Remember: Listing 728.87 as primary instead of a V code means you wouldn't list a code in M0245, says Selman-Holman.