Home Health ICD-9/ICD-10 Alert

CVA CODING : Don't Be Struck By This Stroke Coding Trap

Are you making the same mistake as most of your colleagues?

Attention home care providers: If you're treating a patient for the effects of a stroke and are using the stroke itself as your treatment diagnosis code, you're probably making a big mistake.

What would you do? Say a patient has a cardiovascular accident, is treated for the CVAin the hospital, and now needs physical therapy to treat the physical effects of the stroke. What is the primary diagnosis?

"If that patient is under home care, then CVA is not the best diagnosis to use, because that is not what we are treating," said consultant **Sandra Soerries**, speaking at a recent teleconference sponsored by The Coding Institute titled "Advanced Coding Strategies for Physical Medicine and Rehab Services."

Key idea: Ahome care therapy provider is not treating the actual CVA, notes consultant **Quin Buechner** with **ProActive Consulting** in Cumberland, WI. Instead, therapists are treating the effects of the stroke, "and should code what they treat," he says.

That means you'd use the specific reason you're seeing the patient as the primary diagnosis, says **Rick Gawenda**, director of rehab services at **Detroit Receiving Hospital** in Detroit.

Example: You admit a patient who has been discharged from inpatient care after having a stroke. She now needs treatment to correct a limp the stroke caused. In coding this patient, you'd first use ICD-9 code 781.2 (Abnormality of gait) and then cite the medical diagnosis, which would be code 438 (Late effects of cerebrovascular disease).

The rationale: "They're not coming to you for the stroke, that's what they went into the acute care hospital for. The gait difficulty is the reason for therapy," Gawenda explains. It's just like using V codes for aftercare for joint replacement as your primary code, instead of using the code for osteoarthritis of the knee, he offers.