

Home Health ICD-9/ICD-10 Alert

Reader Question: Consider Care Before Listing Symptom Codes

Question: I've heard it said that you should list a symptom code when the definitive diagnosis misrepresents the focus of care. For example, choose a symptom code when you are caring for only one aspect of a chronic condition like urinary incontinence in a patient with multiple sclerosis. But now I see coders listing a Parkinson's code when they are providing therapy for gait abnormality to a patient with Parkinson's disease. Isn't that contrary to the first piece of advice?

California Subscriber

Answer: "Time was, Parkinson's was a case mix code that drew more points in the primary coding spot, so everyone was very careful about where to place it," says **Arlynn Hansell, PT, HCS-D, HCS-O, COS-C** clinical excellence program manager at **American Mercy Home Care** in Cincinnati, Ohio. As it is now a Neuro 2 code, the heat is off, so to speak, so the coders have relaxed about this.

"My gut feeling as a therapist, is that even though we may be out there 'for gait,' it is hard to separate that out from a patient's diagnosis of Parkinson's disease," Hansell says. You have to consider the other aspects of the disease in the care you provide.

"It is really one of those no harm, no foul situations," Hansell says. "Using the 781.2 code or not won't throw you in coding jail! As a coder, I would not use the 781.2 for gait abnormality in this scenario. My documentation will explain what my treatment focus is, but I do need to think about all things Parkinson's."

Don't miss: Abnormal gait is integral to Parkinson's, so to code it along with the Parkinson's code would be redundant.