

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

### Reader Question: Look to Symptoms for TIA Monitoring

Question: We are caring for a patient who has been experiencing vertigo and confusion. We will be monitoring him for transient ischemic attacks (TIA) and medication compliance. He has a history of diabetes with chronic kidney disease (CKD), Stage IV; anemia related to the CKD; diabetes with retinopathy; and diabetes with polyneuropathy. How should we code for him?

Texas Subscriber

Answer: Code for this patient as follows:

- M1020a: 780.4 (Vertigo, NOS);
- M1022b: 298.9 (Unspecified psychosis);
- M1022c: 250.40 (Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled);
- M1022d: 585.4 (Chronic kidney disease, Stage IV [severe]);
- M1022e: 250.50 (Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled);
- M1022f: 362.01 (Background diabetic retinopathy); and

Other pertinent diagnoses: 250.60 (Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled) and 357.2 (Polyneuropathy in diabetes), and 369.20 (Low vision both eyes not otherwise specified) if vision loss is impacting the plan of care.

The main focus of care is your patient's vertigo and confusion because these are symptoms of TIA. You can't actually code for the TIA because the patient hasn't been diagnosed with it. But coding these symptoms describes the conditions he currently has. Note that the code for confusion is a psychiatric diagnosis.

When you have diabetes with multiple manifestations, you must code each manifestation paired with the appropriate diabetes code. This patient has several different manifestations, so you'll have a long list of codes to include.