

Home Health ICD-9/ICD-10 Alert

READER QUESTIONS

Reader questions were reviewed by **Lynda Dilts-Benson, RN, CCM, CRRN, CRNAC, LHRM, HCS-D**, a consultant with **Reingruber & Co.** based in St. Petersburg, FL.

Get The Scoop On Manifestation Codes

Question: When you are using a manifestation code, does it always have to follow directly after the code for the underlying disease?

Answer: Yes. When using manifestation codes you must always follow the directions in the code book. If the book says, "code first underlying disease," then that is what you must do.

Using the example of a patient with subacute spinal cord degeneration as a manifestation of pernicious anemia, in the Index to Diseases look for Degen-eration, combined (spinal cord) (subacute), with anemia (pernicious). The code listed is 281.0 [336.2]. Where two codes are listed for a condition, the manifestation code will be the second one - enclosed in brackets. You would first list 281.0 (Pernicious anemia) followed by 336.2 (Subacute combined degeneration of spinal cord in diseases classified elsewhere).

In the Tabular List, the manifestation codes appear in italicized letters and may even be highlighted in your coding manual. Using the above example, in the Tabular List, 336.2 is italicized and under it you are instructed to code first the underlying disease - in this case, pernicious anemia. **Tip:** Code first does not mean code as primary. And remember, manifestation codes can never be reported as the primary diagnosis.

Code Current Events, Not History

Question: Is it OK to list just the primary diagnosis code, or are there a minimum number of codes I need to list?

Answer: There is no rule that states you must code a certain number of diagnoses. But remember, the rules for selecting OASIS diagnoses specify that you should consider every current diagnosis that has or may have an effect on the current plan of care.

Example: You are seeing a patient for incision care following a coronary artery bypass graft. The patient has diabetes, which is stable, and the patient has been dealing independently with blood glucose monitoring and diet for years. The patient has incisions down both legs. Do you include the diabetes in the coding?

Yes, because diabetes can affect the healing of the incisions and a major stress such as the patient has incurred can affect management of the diabetes. The clinician will need to monitor the diabetes and whether it affects the incision healing during the home health episode.

Caution: Agencies should avoid listing diagnoses that are of mere historical interest and don't impact patient progress or outcome, the **Centers for Medicare & Medicaid Services** says.

Home Health Rarely Treats Fractures

Question: When a patient is admitted to home care following a fracture, are we allowed to use the acute fracture code in any of the M0 coding spaces?

Answer: Do not use the acute fracture code if the patient received any care for the acute phase of the fracture in another setting. The provider that actually treats the fracture uses the acute code. After a provider surgically repairs, casts, splints or otherwise treats the fracture, then subsequent providers use the aftercare of healing fractures codes.

Stop Scratching Your Head Over Scalp Wound Codes

Question: We admitted a patient who fell and sustained a scalp wound which has been sutured. How would we code this wound?

Answer: Use V58.43 (Aftercare following surgery for injury and trauma) as your primary diagnosis. Then use V58.3 (Attention to surgical dressings and sutures) as the secondary diagnosis. In M0245, record 873.0 (Other open wound of head, scalp, without mention of complication) for the trauma points, along with "yes" in M0440.

And don't forget the E code for the fall itself. Use E888.9 (Fall NOS), unless you have further information about the fall.