

Home Health ICD-9/ICD-10 Alert

Reader Questions: Get To The Bottom Of Weakness With Prostate Cancer

Question: Our new patient has prostate cancer, a PEG tube, and a suprapubic catheter. We are providing physical therapy for muscle weakness. How should I code for him?

-- Iowa Subscriber

Answer: First, you need to determine whether the weakness is part of the neoplasm. If so, then code the prostate cancer and not the muscle weakness. Or, you might code the prostate cancer followed by the muscle weakness.

Because you did not mention any specific care to the PEG or the suprapubic catheter, then code those with status V codes -- V44.1 (Artificial opening status; gastrostomy) and V44.5x (Artificial opening status; cystostomy).

If you're providing care to these ostomies, you should list a V55.x (Attention to artificial openings) code or a complication code. You should also consider the reason the patient has these artificial openings as co-morbidities. The underlying reason for the gastrostomy may be a case mix code. In this case you might list the underlying diagnosis in M0246. But this is only acceptable if you've listed V55.1 (Attention to artificial openings; gastrostomy).

You don't need to place an underlying diagnosis for V55.5 (Attention to artificial openings; cystostomy) or V55.6 (Attention to artificial openings; other opening of urinary tract) in M0246. These two V codes are case mix diagnoses, so you'll gain points for listing them in M0230/M0240.