

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

### READER QUESTIONS: Keep Resolved Conditions in Their Place

Question: I am new to home health coding and my clinicians seem to indicate a condition even after surgery has taken place to correct the condition. I am not sure if I should still be coding the condition or just code the status post surgery. For example, I have a patient with the diagnoses of lumbar stenosis L3-5, congestive heart failure, laminectomy, and chronic renal failure. We are providing physical and occupational therapies. What is the proper coding?

-- Massachusetts Subscriber

Answer: It is incorrect to place conditions that are resolved in M0230 and M0240, according to official coding guidelines. First, if the case is therapy only, list V57.89 (Multiple training or therapy) as primary. The underlying condition to the therapy is the aftercare following musculoskeletal surgery (V58.78). If the patient no longer has lumbar stenosis after the laminectomy, then you would code the lumbar stenosis with 724.02 (Spinal stenosis, other than cervical; lumbar region) in M0246, but not in M0240 because it is a resolved condition and it is a case mix diagnosis. List 428.0 (Congestive heart failure, unspecified) and 585.9 (Chronic kidney disease, unspecified) as secondary diagnoses because they are conditions that may impact care, especially in terms of endurance and rehabilitative prognosis.