

Home Health ICD-9/ICD-10 Alert

READER QUESTIONS: Report Late Effects After A Break In Service

Question: We have a patient who was admitted to home care due to a cerebrovascular accident. He is receiving physical therapy only. The CVA occurred two years ago. Should we use an acute or late effects code?

Alaska Subscriber

Answer: Use a code for the late effects of CVA. You can only code acute CVA if the patient is receiving therapy and is improving with that therapy. If the patient has been discharged and readmitted or just has increased weakness and needs therapy again, then you must report a late effects CVA code.

The fiscal intermediaries look for a "break in service" to indicate that the CVA is no longer acute. They check to see whether the patient has had a break in therapy from the time he was in the hospital, went on to rehab, and then to home health. The FIs also expect that the CVA will no longer qualify as acute 60 to 120 days after the CVA.

Example: Your patient is discharged from rehab after a stroke causing hemiparesis and dysphagia. Your agency provides physical therapy, occupational therapy, and speech therapy for two episodes. All three therapies meet the goals for the patient. You can code for these episodes as an acute CVA because the therapy was continuous and the patient improved.

Then, nursing recertifies the patient for a third episode. Therapy isn't being provided, so you must use the late effects CVA codes for this episode. The patient complains of more weakness and the nurse assesses that the patient is not transferring as well as before. Nursing asks for a therapy evaluation. Because there was a break in service and the patient had been discharged and readmitted by therapy, you must use a late effects code for this episode as well.