

Home Health ICD-9/ICD-10 Alert

You Be the Coder: Choose Proximate Cause Or Underlying Condition For

Question: Our patient has transverse myelitis, which has caused paralysis from the waist down and weakness from the waist up. She also has pressure ulcers on her buttocks and a Foley catheter. She switched to a different physician who has now ordered physical therapy and occupational therapy.

Prior to the PT/OT, I had been coding her with the decubitus first, Foley care and attention to dressing. Should I now code muscle weakness (728.87), muscle atrophy (728.2), or none of the above?

Florida Subscriber

Answer: PT, OT and nursing are all providing care for the transverse myelitis. This is a classic example of the application of proximate diagnosis vs. underlying condition. You are providing multiple aspects of care for the treatment of the underlying condition -- in this case transverse myelitis -- so code for it first, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX.

Bonus: Reporting 323.82 as the primary diagnosis provides 20 case mix points.

Most patients with transverse myelitis develop some leg weakness in differing degrees of severity and many develop upper limb weakness as well. So you can consider the weakness, muscle wasting and paralysis integral to the condition.

List the following codes for this patient:

- M0230a: 323.82 (Transverse myelitis NOS);
- M0240b: 707.05 (Decubitus ulcer; buttock); and
- M0240c: V53.6 (Fitting and adjustment; urinary catheter).