

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

### You Be the Coder: Seize Case Mix Points For Subdural Hemorrhage

**Question:** Our patient had a seizure and suffered a traumatic subdural hemorrhage and contusions to his face, scalp and neck. Skilled nursing has been ordered for care and observation and assessment of the head injury and the contusions. He has had a long history of seizures (since childhood) but recently stopped taking his antiseizure medication. Is it appropriate to list the subdural hemorrhage in M0245?

-- Wisconsin Subscriber

**Answer:** Code for this scenario as follows, suggests **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C**, consultant and principal of Selman-Holman & Associates in Denton, TX.

- M0230a: 852.20 (Subdural hemorrhage following injury without mention of open intracranial wound; unspecified state of consciousness);
- M0240b: 920 (Contusion of face, scalp, and neck except eye[s]); and
- M0240c: 780.39 (Seizure NOS).

In this case, there is no V code in M0230a, so you wouldn't use M0245, says Selman-Holman. Place the case mix diagnosis for the subdural hemorrhage in M0230 because it is the focus of care, she says. This code (852.20) garners 20 neuro points.

If the patient required surgery to evacuate a subdural hematoma, then you could report V58.43 (Aftercare following surgery for trauma and injury) in M0230a and list the subdural hemorrhage in M0240 and in M0245a, says Selman-Holman.

If the patient has a diagnosis of epilepsy, then you can select a code from the 345.x (Epilepsy) category, instead of 780.39.