

Home Health ICD-9/ICD-10 Alert

YOU BE THE CODER: STRENGTHEN YOUR CVA CODING MUSCLES

Question: We have a patient who has right side weakness and frequent falls. We are providing physical therapy, occupational therapy and speech therapy for aphasia. He was hospitalized three months ago for a CVA with right side (his dominant side) hemiparesis, then sent to neuro rehab and is now at home. Can I report muscle weakness for this patient? Should I also list a late effects code for the CVA?

Oregon Subscriber

Answer: Code for this patient as follows, suggests **Keith Nielsen, RN, HCS-D**, PPS/OASIS coordinator with **Great Lakes Home Healthcare** in Erie, PA:

- M0230a: V57.89 (Multiple therapies)
- M0240b: 342.91 (Hemiplegia, unspecified, affecting dominant side);
- M0240c: 784.3 (Aphasia); and
- M0240d: V15.88: (History of fall).
- M0245a: 434.91 (Cerebral artery occlusion, unspecified, with cerebral infarction);

Because this is a therapy only case, you should code V57.89 first, says Nielsen. The acute CVA actually no longer exists, so don't code it in M0240, but you can report it in M0245, he says. If nursing was also involved in this case, you could code for the acute CVA in M0230.

Don't code for muscle weakness because the cause for any muscle weakness is known--hemiplegia as a result of a CVA.

Ordinarily, you would code late effects CVA for a patient home after a stroke, notes Nielsen. However, the **Centers for Medicare & Medicaid Services** allows you to code for acute CVA in home care under certain circumstances: You must be providing therapy and the patient must be progressing with therapy.

Watch out: Fiscal intermediary **Palmetto GBA** looks for continuous therapy since the advent of the CVA when agencies report acute CVA codes.

This patient has been under either acute or rehab care without a break in therapy since the onset of the CVA, so you can report the acute codes for the residuals of this patient's CVA: hemiplegia and aphasia, says Nielsen. Other diagnoses for which a CVA patient might require speech therapy include 787.2 (Dysphagia) and 784.5 (Dysarthria), which should also be listed separately, he says.

These code choices assume that the CVA didn't occur as the result of a medical procedure, notes Nielsen. If this had been the case, you would follow the code for iatrogenic CVA (997.02) with the CVA code. It would be inappropriate to list acute CVA codes as primary in this situation, he says.

If the patient had plateaued and therapy services were ended for a period of time, you would report late effects codes for this patient, says Nielsen. If this were the case, you would list:

- M0230a: 438.21 (Hemiplegia affecting dominant side);
- M0240b: 438.11 (Aphasia); and
- M0240c: V15.88 (History of fall).

