

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

### YOU BE THE CODER :Try Your Hand at this Attachment D Scenario

The Centers for Medicare & Medicaid Services provided several coding example scenarios throughout the revised Attachment D to OASIS Chapter 8. But the coding choices the agency made often went against coding guidelines. (For more on this topic, see Home Health ICD-9 Alert Vol. 6, No. 6.) Use your coding expertise to see if you can choose more accurate codes than CMS did in the following scenario.

Your patient was admitted after an acute right-sided cerebrovascular accident (CVA) with monoparesis of his right lower leg (dominant). He is receiving therapy only. CMS suggested coding for this patient with:

M0230: V57.1 (Other physical therapy);

M0246: 438.41 (Late effects of cerebrovascular disease; monoplegia of lower limb affecting dominant side);

M0240: 438.41; and

M0240: 781.2 (Abnormality of gait).

Question: How would you code for this patient?

Answer: Correct coding for this patient is as follows, says **Tricia A. Twombly, BSN, RN, HCS-D, CHCE**, director of coding with Foundation Management Services in Denton, Texas

M0230: V57.1 (Other physical therapy) and

**M0240: 438.41** (Late effects of cerebrovascular disease; monoplegia of lower limb affecting dominant side).

In this scenario, CMS was trying to illustrate a situation in which you would receive more case mix points for the diagnosis as primary than you would for the same diagnosis as a comorbidity because it came from one of the special three case mix categories: Diabetes, Skin 1, or Neuro 1, Twombly says. However, CMS used a CVA code -- a Neuro 3 case mix code -- as primary rather than a Neuro 1 diagnosis, making this an especially confusing example.

Late effects of a CVA does not offer different points depending on whether it's reported as primary or secondary, so it should not have been repeated in M0246, Twombly says.

Also, the abnormality of gait symptom is integral to monoplegia and should not be listed as an additional code, Twombly says. The fact that the patient has monoplegia already says that he has abnormality of gait.