

## OASIS Alert

### Diagnosis Coding: DON'T CONFUSE SEVERE BRAIN INJURY WITH CVA

Tip: Look for the condition behind the symptoms.

Hemiplegia and aphasia can result from a subdural hematoma as well as from an acute cerebrovascular accident, but the diagnosis coding in M0230 and M0240 would be very different.

If the patient has a trauma injury, select from trauma codes 850-854 (Intracranial injury, excluding those with skull fracture), says Dio Namocatcat, CCS, HCS-D, CPC, with the Visiting Nurse Regional Health Care System in Brooklyn, NY. If it's a CVA, use a code from the 430-434 (Cerebrovascular disease) series, he says.

Severe brain injuries can cause hemiplegia, aphasia and other conditions also caused by CVAs, notes Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C, consultant and principal of Selman-Holman & Associates in Denton, TX.

Key: When the brain injury is acute, code the brain injury first, followed by the residuals of the brain injury, suggests Selman-Holman. Once the injury is older, code the residuals first.

Example: If speech therapy is being provided for aphasia as a late effect of a brain injury, Selman-Holman suggests coding as follows:

- M0230a: V57.3 (Speech therapy);
- M0240b: 784.3 (Aphasia); and
- M0240c: 907.0 (Late effect of intracranial injury without mention of skull fracture). v

Note: For a more detailed discussion of coding, order Eli's Home Health ICD-9 Alert at [www.elihealthcare.com](http://www.elihealthcare.com) or call 800-508-2582.