OASIS Alert

Diagnosis Coding: Here's One Time You Don't Want To Be In The Top 5

Muscle disuse atrophy may not mean what you think it does.

Diagnosis coding continues to plague home health agencies, but some codes are more problematic than others.

When your diagnosis code is incorrect, it can mean much more than extra paperwork. Coding errors can lead to downcoding, payment denials, cash flow problems and even fraud charges.

The top five codes denied as incorrect are ones you might want to double check, suggests fiscal intermediary **Cahaba GBA** in a recent home health update.

1. **Neurogenic bladder (344.61).** This code is appropriate when the patient's symptoms arise from spinal cord injury. But 596.54 (neurogenic bladder) will usually be more accurate for home care patients, the FI explains.

2. CVA (436.00). Unless home care is part of the initial course of treatment for the cerebral vascular accident, this is not the code to use. Instead, use the 438 group of codes, "late effects," when the initial treatment is over, the FI instructs.

Also, when the patient has a CVA or other chronic condition, code the disease as primary only if the home health staff is treating multiple problems related to the chronic condition. If the staff is treating only one aspect of the disease, that aspect should be coded as the primary diagnosis instead, Cahaba reminds providers.

3. Muscle Disuse Atrophy (728.2). This is not an appropriate code for temporary muscle weakness following a short hospitalization, Cahaba explains. It should be used when there is measurable muscle atrophy and a specific cause, or a prolonged period of inactivity, and documentation should reflect this. Otherwise, for generalized loss of strength, 780.79 (generalized weakness) would be more accurate, the FI says.

4. Open Wound Knee/Leg/Ankle (891.00). This trauma code should be used only when there is a burn or other accidental or intentional injury. "Surgery, amputation for disease processes or other open wounds are **not** coded from this section," Cahaba emphasizes. This code often is used when 998.59 (post-op infection) would be more accurate, the FI adds.

5. Diabetes (250.00). This code should be primary only if diabetes is the primary focus of care, or if coding guidelines dictate coding diabetes as primary, such as when coding a diabetic ulcer, Cahaba explains.