OASIS Alert

Diagnosis Coding Update: Contractor Clarification Pending For CVA Coding

You're not required to use aftercare codes for CVAs.

Providers wishing the **Centers for Medicare & Medicaid Services** would provide consistent coding information to regional home health intermediaries are not alone.

Despite a recent written CMS clarification to the **Home Care Association of New Jersey** on how to correctly code cerebrovascular accidents (see OASIS Alert, Vol. 5, No. 12), many agencies want an official statement.

Problem: Agencies that are part of intermediary **Palmetto GBA's** service area are reluctant to rely on anything but an official statement from CMS, says **Ida Blevins** with Springfield, IL-based **St. John's Hospital Home Health Services**. When asked about CMS' acute CVA coding exception at its 12 State Coalition Meeting on Jan. 9, Palmetto insisted it had "not received information that CMS has provided an exemption for coding CVA claims under HIPAA requirements" and instructed agencies to use the official ICD-9-CM coding guidelines.

Bottom line: "We are in the process of revising our previous instructions on [CVA coding], and we are communicating it to our contractors," a CMS spokesperson tells **Eli.**

CMS provided guidance on coding CVAs in the 2001 document "Diagnosis Coding for Medicare Home Health Under PPS" and revised the instructions in 2003 in the document "OASIS Diagnosis Reporting," a CMS spokes-person says.

"We are currently in the process of updating this document to reflect the change in the ICD-9-CM coding guidelines for 2005 related to code 436 and to reinforce the appropriate use of diagnosis code V57," the spokesperson explains.

The only aspect of CMS' coding guidance that is changing relates to the use of the 436 code for CVAs. The grouper will still recognize this code, but it will be used much less frequently. The 2005 codes remove the CVA and stroke inclusion terms from this code and re-index this diagnosis to the default code 434.91 (Cerebral artery occlusion, unspecified, with cerebral infarction), the spokesperson notes.

The spokesperson provides the following CMS guidance to OASIS Alert readers:

1. While the patient continues to improve under rehabilitation therapy, use "the appropriate code from categories 430 to 435." Docu-mentation should show the therapy is not for maintenance, but is for restoration of function following the stroke, CMS instructs.

2. Once the recovery plateaus, use late effects CVA codes from category 438.

3. If the patient is discharged with goals met and some months later is readmitted with problems related to the stroke, use late effects codes from category 438.

4. V57 may be the most appropriate code for many stroke patients in home care, when rehabilitation is the primary reason for the episode. If you use V57 in place of a CVA case mix code in M0230, you may report the case mix code in M0245. This just follows the rule for case mix codes replaced by V codes after the Oct. 1, 2003 coding changes.

Caution: More people are learning how to correctly use the aftercare V code in M0230, with the CVA code in M0245,

reports consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen Health Care Group**. But the V code is not always the primary diagnosis.

Using V57 for the care involving rehab procedures - followed by the underlying condition - is the best strategy if you admit the patient specifically for therapy, explains coding expert **Prinny Rose Abraham** with Minnea-polis-based **HIQM**. But if the patient's plan of care addresses multiple aspects of care after a CVA, you may choose to use a specific code from 430 to 435 to describe the primary reason for home health care, she advises.