

Home Health Coding and OASIS Expert

You Be the Coder: Will Your Circulatory System Coding Pass the Test?

Specifics may change, but much logic remains the same.

Now that you've brushed up on the differences between coding circulatory conditions in the ICD-9 and ICD-10 code sets, it's time to put your knowledge to work. Try coding this scenario **Judy Adams, RN, BSN, HCS-D, HCS-O**, with **Adams Home Care Consulting** in Asheville, N.C. shared at **The Coding Institute's** 2014 CodingCon. Code the example in ICD-9 and then again in ICD-10 before reading on to see the answer.

Coding scenario: Your patient was admitted to home care following a cerebrovascular infarction for treatment of dysphagia and right-sided hemiparesis. How would you code for him in ICD-9? How will your coding differ in ICD-10?

In ICD-9, you would code for this patient as follows:

- 438.82 □ Late effects of cerebrovascular disease; dysphagia;
- 787.20 □ Dysphagia, unspecified; and
- 438.20 □ Late effects of cerebrovascular disease; hemiplegia affecting unspecified side.

You'll report the residual effects of your patient's stroke with late effects codes in ICD-9. The late effects code for dysphagia asks you to report an additional code to indicate the type of dysphagia. In your patient's case, there are no additional details, so 787.20 is the appropriate unspecified code.

Even though the stroke has affected the patient's right side, you may not assume that this is his dominant side. The assessing clinician should document which side is the dominant side so that the code you report can be more specific. It is important to show medical necessity for the therapy that your agency will likely provide and documenting the dominant side will help with this.

In ICD-10, your coding for this patient would be:

- I69.391 □ Dysphagia following cerebral infarction;
- R13.10 □ Dysphagia, unspecified; and
- I69.351 □ Hemiplegia and hemiparesis following cerebral infarction, affecting right dominant side.

You'll use sequelae codes to report the residual effects of your patient's stroke in ICD-10. And you're still expected to report the type of dysphagia, if known.

In ICD-10, there are actually six subcategories of sequelae of cerebrovascular disease, **Judy Adams, RN, BSN, HCS-D, HCS-O**, with **Adams Home Care Consulting** in Asheville, N.C. tells **Eli**. The fourth character provides additional detail about the specific physiological cause of the sequelae □ whether the cerebrovascular disease was a hemorrhage of the subarachnoid, intracerebral or the intracranial artery; or an infarction; or an "other" cerebrovascular disease; or an unspecified cerebrovascular disease.

This example specified the patient had an infarct. The I69.3- subcategory is also the default code if the diagnosis description was given as a "stroke," Adams points out.

ICD-10's more detailed codes allow you to indicate that the hemiplegia impacts your patient's right, dominant side. If the side is indicated but there is no documentation as to whether that side is dominant or non-dominant, you may assume that the right side is dominant.

