

Home Health ICD-9/ICD-10 Alert

You Be the Coder: Follow Coding Guidelines for Hospice Stroke Patients

Question: How should we code for hospice patients when they are receiving care for residuals following a stroke?

Vermont Subscriber

Answer: Your patient's CVA may be listed as the terminal illness, but coding guidelines require you to code for the residuals of CVAs as late effects once the patient has elected the hospice benefit and is no longer receiving curative care, says **Judy Adams, RN, BSN, HCS-D, HCS-O**, with **Adams Home Care Consulting** in Asheville, N.C.

Your patient may have multiple late effects (or residual effects) that contribute to his terminal condition, Adams says. Some common residuals of a stroke include dysphagia, cognitive deficits, severe seizures, severe contractures, and paralytic syndrome.

Most late effects require two codes: list the code for the presenting problem first, then follow up with the late effect code. But CVA late effects often require only one code. Many of the late effects of cerebrovascular disease category (438.x) codes combine the presenting problem with the late effect in one combination code.

But you will need to report two codes for some CVA late effects. The 438.x section of your coding manual lists a "use additional code" note when the condition requires two codes to describe fully. When this happens, you'll sequence your codes in reverse order than you would for other late effects. Code the late effect first, followed by the residual or presenting problem.

This is because the coding guideline for combination codes states, "When the combination code lacks necessary specificity in describing the manifestation or complication, an additional code should be used as a secondary code." That means that you should add the code that provides more specificity about the nature of the residual.

For example: For a patient with oropharyngeal dysphagia as a late effect of a CVA, you would report the following codes, Adams says:

- 438.82 (Other late effects of cerebrovascular disease; dysphagia) and
- 787.22 (Dysphagia, oropharyngeal phase).