

Acute Condition Not Usually Treated in an Office Setting

Although patients occasionally present to the physician's office with life threatening conditions, in general patients are treated in a hospital setting. Remember that historical ("history of") conditions are not coded as if the patient has the condition currently. Physicians also cannot code "rule out" conditions.

ICD-9 436, 434.X – Acute ill defined cerebrovascular disease, CVAs

The description of ICD-9 436 changed in 2006, and it is no longer described as a CVA. It is now described as "acute, ill defined cerebrovascular disease." The cross referenced terms are apoplexy, apoplectic attack, or cerebral seizure.

Both 436 and the CVA codes in 434.XX are acute conditions. The codes should only be used for patients during the acute hospitalization/SNF stay for these conditions. After the patient is discharged from the facility, the correct documentation and coding is "history of CVA."

In chart review, we find that these codes are most often incorrectly used for patients with a history of a CVA, sometimes a very remote history. The ICD-9 has separate diagnosis codes for history of CVA:

V12.59 – history of CVA (without sequelae)

438.XX—late effects of CVA

The progress note must indicate the late effect of the CVA, and its cause (e.g., L hemiparesis 2° to CVA) in order to use the late effect codes.