Internal Medicine Coding Alert

READER QUESTIONS: Focus on Illness When Coding Pre-Op Dx

Question: I read June 2006's Internal Medicine Coding Alert article on preoperative exams, and it states that you're using V72.84. Why do you recommend that code instead of V72.83? We use this code because we know what type of surgery the patient is having.

Virginia Subscriber

Answer: Actually in the case study that you refer to, the coder used V72.84 (Preoperative examination, unspecified) on her preoperative exam claim. Internal Medicine Coding Alert's expert suggested that a more specific preoperative diagnosis may be more appropriate.

If the patient in the scenario required the surgical clearance exam for atrial fibrillation (427.31 Cardiac dysrhythmias; atrial fibrillation), the consultant advised using V72.81 for a cardiovascular preoperative exam.

Error averted: Select the preoperative exam diagnoses based on why the patient requires the pre-operative examination, not on the reason for surgery. In the above scenario, the patient requires the preoperative examination due to a cardiac condition. So, V72.81 is appropriate. If the patient has a chronic respiratory illness, such as COPD, you should use V72.82 (Preoperative respiratory examination).

When a patient has a chronic disease that is not respiratory or cardiac, such as kidney disease, assign V72.83 (Other specified preoperative examination). Finally, use V72.84 (Preoperative examination, unspecified) for a routine pre-op when the patient has no underlying conditions.

Remember: Medicare also maintained in Transmittal 1719 that "additional appropriate ICD-9 codes for the condition(s) that prompted surgery and for conditions that prompted the preoperative medical evaluation (if any) should also be documented on the claim. Other diagnoses and conditions affecting the patient may also be documented if appropriate."

Example: A patient with chronic hypertension and diabetes has surgery for a broken hip. You should report for the:

• primary diagnosis--V72.81

• secondary diagnoses--the codes for the patient's chronic conditions such as 250.00 (Diabetes mellitus without mention of complication; type II or unspecified type, not stated as uncontrolled) and 401.9 (Essential hypertension; unspecified)

• final (optional) fourth diagnosis--the reason for surgery (820.03, Fracture of neck of femur; transcervical fracture, closed; base of neck).