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Part B Insider (Multispecialty) Coding Alert

CODING: Surgically Remove Surgery From Aftercare Claims

Rehab practices may have welcomed the 30 new **ICD-9 codes for** postsurgical conditions introduced recently. But questions remain about how to bill them appropriately.

"One of our rehab patients is a diabetic who lives far away from her orthopedic surgeon," says **Tammy Roesner**, billing assistant at **Forman Rehab** in Illinois. "Because our physiatrist is her rehab physician and saw her in the hospital following her great toe amputation, he took over her aftercare so she wouldn't have to drive into the city to see the surgeon. We weren't sure whether to report the diagnosis code for the diabetes (250.xx), the toe ulcer (250.7x, 707.15) or the aftercare."

Because the surgeon removed the dead tissue, providers shouldn't report the toe ulcer diagnosis. The physiatrist should first report V54.89 (Other orthopedic aftercare), then **V49.71** (Lower limb amputation status, great toe), followed by the diabetes code (250.xx) to denote the underlying condition.

But not all aftercare requires two codes. You should report a second V-code with aftercare codes V50.x-58.3, and a note in the ICD-9's aftercare section instructs coders to report the new codes with another aftercare code to identify the reason for the aftercare completely.

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