Part B Insider (Multispecialty) Coding Alert

ORTHOPEDICS: 3 Questions Point You to Correct Joint Aftercare Codes

Shift gears to different V codes after the global period.

You know to report V codes for your patients after they have total joint replacement, but selecting the best codes for aftercare and knowing when to stop using them -- can be tricky. Snag the correct V code combination every time when you're armed with these answers.

Is the Patient Under Current Treatment?

When you're coding for care that's still part of the surgical package, you'll need to employ two V codes. Hip and knee joint replacement surgeries have a 90-day global period. The patient will visit your office several times during that period -- and beyond -- so be sure to code these encounters correctly.

Two diagnosis code families apply to these patients during the global period:

• V54.81 -- Aftercare following joint replacement

• V43.6x -- Organ or tissue replaced by other means; joint.

"We use the V codes for hips and knees throughout the postoperative period and every visit thereafter," explains **Gloria Moran,** practice manager for Jacksonville Orthopedic Institute in Florida. "We feel it helps to represent the whole story of the patient to the insurance company."

"Aftercare covers situations when the initial treatment of a disease or injury has been performed and requires continued care," says **Judy Donahue, CPC,** a coder with Norfolk Medical Group in Nebraska. According to ICD-9 guidelines, aftercare codes also apply when the patient "required continued care during the healing or recovery phase, or for the long-term consequences of the disease."

Benefit: Extra documentation can be good from your payer's standpoint because it gives a clearer picture of the situation. "I've had insurance companies tell us they appreciate the additional codes when patients have a hip fracture versus a total joint arthroplasty," Moran says.

Have You Passed the Global Period?

After the global period expires, you'll switch from aftercare to a follow- up V code -- but keep the replacement code.

"Follow-up care should use V67.09 (Follow-up examination; following other surgery)," Donahue says. She and Moran agree that you'll also continue to report the appropriate choice from the V43.6x family as your secondary diagnosis.

Drop V54.81: "Follow-ups are continuing surveillance following completed treatment of the disease, condition, or injury," Donahue says.

"If the patient is coming in for a follow-up after they know the healing process is complete, then you shouldn't use V54.81. V67.09 should be the primary code."

Are You Coding Prosthetic Repair?

Your V code strategy might change if you're coding for care following a prosthesis placed for a fracture rather than original total joint replacement.

• If the prosthetic procedure is due to trauma, Moran reports the traumatic fracture diagnosis (such as 996.44, Peri-prosthetic fracture around prosthetic joint) and includes the appropriate code from V43.6x to indicate the specific joint involved.

• If you have documentation of a pathologic fracture of a prosthetic joint resulting from an underlying condition (such as osteoporosis or a neoplasm), you should code a bit differently.

Submit a pathologic fracture diagnosis (733.1x, Pathologic fracture) with the appropriate V43.6x choice as a secondary diagnosis.

To get the lowdown on billing for one type of joint disorders (hip), turn to page 351 for a quick cheat sheet.