

Eli's Rehab Report

Reader Questions: Admission Reason Determines V Code

Question: We are a home health agency providing physical therapy and occupational therapy to a patient who just had a below-knee amputation of his left leg due to peripheral vascular disease secondary to type II diabetes. Can we list a therapy V code as primary?

Ohio Subscriber

Answer: You're admitting this patient for rehabilitation services, so you can list V57.89 (Multiple training or therapy) as primary. Code as follows:

- V57.89
- 781.2 -- Abnormality of gait
- 250.70 -- Diabetes with peripheral circulatory disorders; type II or unspecified type, not stated as uncontrolled
- 443.81 -- Peripheral angiopathy in diseases classified elsewhere
- V49.75 -- Lower limb amputation status; below knee
- 781.2 -- Abnormality of gait (You can list 781.2 in M0245 on the OASIS to capture 11 orthopedic case mix points.)

Another way: If the patient was admitted for aftercare following surgery, he would receive nursing care for assessment, teaching and dressing changes and therapy for the abnormal gait, so you would code his case differently, starting with V54.89 (Other orthopedic aftercare).

Tip: The ICD-9 update last October identified V54.89 as the aftercare code for an amputation. Look under the term "Aftercare," then under "amputation stump" in the ICD-9 alphabetic index, and it'll direct to V54.89 even though the tabular list at V54.89 doesn't mention amputation care.

Reader Questions were answered by Rick Gawenda, PT, director of physical medicine and rehabilitation at Detroit Receiving Hospital.