

# Home Health ICD-9/ICD-10 Alert

## Coding 101: Follow 3 Steps For Clean Infection Coding

**With infected wounds, attention to dressings is assumed.**

When coding for an infection, one code won't always do the job. Sometimes you'll need three codes to make sure you're presenting a clear picture of the care you're providing.

**What to do:** To code for an infection, you'll first need to choose the code that best describes the infection itself. Then, follow up with codes to tell the details about the causative organism and antibiotic resistance present.

**1. Code the infection first.** Report 998.59 (Other postoperative infection) in the absence of a complication of a more specific type of postoperative wound, suggests consultant **Judy Adams, RN, BSN, HCS-D** with Charlotte, NC-based **LarsonAllen**.

But be more specific with your codes when you can. Code 996.66 (Infection and inflammatory reaction due to internal prosthetic device, implant and graft; due to internal joint prosthesis) is an example of a more specific code that describes an infection of an internal joint prosthesis, says Adams. Another more specific code is 997.62 (Amputation stump complication; Infection [chronic]), which indicates a specific location and type of wound, says Adams. These two codes describe specific types of infected wounds that may occur immediately after an operation or develop later as complications of the surgery, Adams adds.

**2. Code the "cootie" (causative organism).** After the entry in your ICD-9 manual for some infection diagnosis codes, you'll find a note prompting you to also use an additional code to identify the organism that caused the infection. Only list this additional code if you know the causative organism. **Sparkle Sparks, MPT, HCS-D, COS-C**, with Redmond, WA-based **OASIS Answers Inc.** coined the term "Code the cootie" to indicate the causative organism should also be coded.

The cootie code category is 041.x (Bacterial infection in conditions classified elsewhere and of unspecified site), says **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. You should always list the 041.x code as a secondary code, following the infection code, Selman-Holman instructs.

**Exception to the rule:** If you are coding an infection that is a combination code, such as pneumonia caused by *Staphylococcus aureus*, there's no need to list an 041.x category code, says Selman-Holman. The code for this situation, 482.41 (Pneumonia due to *Staphylococcus aureus*), already includes the infection and the causative organism, she says.

**Coding example:** You are providing aftercare following a recent joint replacement surgery that has resulted in an infection surrounding the patient's knee prosthesis. For this patient, you might report the following codes, says Selman-Holman:

- M0230a: 996.66 (Infection and inflammatory reaction due to internal prosthetic device, implant and graft; due to internal joint prosthesis);
- M0240b: V43.65 (Organ or tissue replaced by other means; joint; knee); and
- M0240c: 041.11 (Bacterial infection in conditions classified elsewhere and of unspecified site; staphylococcus aureus).

**Don't do this:** Although you are providing aftercare for this patient, you shouldn't report V58.78 (Aftercare following

surgery of the musculoskeletal system, NEC) because there has been a complication, Selman-Holman counsels.

**3. Report resistance to antibiotics.** If drug-resistant microorganisms are present in the infection, list a code from the V09.x (Infection with drug-resistant microorganisms) category. Note: You should use V09.x codes as secondary diagnoses only, and always list them in conjunction with a code that describes the infection itself.

**Coding example:** Your agency is providing care for an infected surgical wound with methicillin-resistant staphylococcus aureus (MRSA). The patient is receiving IV antibiotic therapy. Code for this patient as follows, suggests Adams:

- M0230a: 998.59 (Other postoperative infection);
- M0240b: 041.11 (Staphylococcus aureus);
- M0240c: V09.0 (Infection with microorganisms resistant to penicillins); and • M0240d: V58.81 (Fitting and adjustment of vascular catheter).

List 998.59 as primary because the infected wound is the primary focus of care, says Adams. The infected wound is a more acute condition than fitting and adjusting the vascular catheter and takes into account that the nurse is doing more for the patient than just dealing with the IV meds, she maintains.

**Caution:** Don't list V58.81 as primary if you are treating a condition, such as an infection, says Selman-Holman.

You might also list V58.83 (Encounter for therapeutic drug monitoring) if the orders included monitoring the therapeutic antibiotic levels, says Adams. The notes following V58.83 instruct you to use an additional code to indicate the drug being monitored, so you may also add V58.62 (Long-term [current] use of antibiotics) for this patient, suggests Selman-Holman.

**Don't overdress:** Don't list V58.3 (Attention to surgical dressings and sutures) for an infected wound, warns Adams. This is not just routine wound care, she says. Coding for the infected wound indicates your agency is providing wound care along with observation of the wound and teaching about infection and other aspects of wound healing, she explains.