

Home Health ICD-9/ICD-10 Alert

Coding 101: Gain Case Mix Points For Fracture Care With M0246

Resolved conditions coding rule doesn't apply to M0246.

You know that it's not appropriate to list an acute fracture code in M0230/M0240, but did you know that you can list acute codes in M0246 -- even if surgery has resolved the condition? Here's what the experts say.

You can't use an acute fracture code from the 800-829 (Fractures) categories in M0230 or M0240 because coding guidelines reserve these codes for the acute episode of care, says reimbursement consultant **Melinda Gaboury** with **Healthcare Provider Solutions** in Nashville, TN.

However, it is okay to put an acute fracture code in M0246, when the fracture is the underlying condition to the V code used, says **Lisa Selman-Holman, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. Such V codes could include V54.1x (Aftercare for healing traumatic fracture), V54.2.x (Aftercare for healing pathologic fracture), or V54.81 (Aftercare following joint replacement).

For example: You are providing aftercare for a patient who has a healing hip. You would list V54.13 (Aftercare for healing traumatic fracture of hip) in M0240, and 820.8 (Fracture of neck of femur; unspecified part of neck of femur, closed) in M0246.

M0246 Puts A Twist On Resolved Conditions

It's true that you shouldn't report a resolved condition in M0240 or M0230, according to coding guidelines. That's because the diagnoses that appear in M0230 and M0240 appear on the claim, explains Selman-Holman. Because the claim must be compliant with all coding guidelines, you cannot list a diagnosis code for a resolved condition in M0240.

But you can list a diagnosis code for a resolved condition in M0246 because these diagnoses don't appear on the claim, Selman-Holman explains.

Selman-Holman suggests the following steps for knowing how to complete M0246:

- When you list a V code in M0230/M0240 in place of a case mix diagnosis, you should place the case mix diagnosis code in M0246.
- Next you need to decide whether you will also code the case mix diagnosis in M0240. Ask yourself, "Does the condition still exist?"
- If yes, code the condition in M0240.
- If no, do not code the condition in M0240

Coding example: Your patient had a discectomy to correct a herniated disc. Nursing is providing post-surgical care, and therapy is addressing his weakness and numbness in his left leg.

For this patient, Selman-Holman suggests listing:

M0230/M0240

- V58.78 (Aftercare following surgery of the musculoskeletal system, NEC)
- 728.87 (Muscle weakness [generalized])
- 782.0 (Disturbance of skin sensation)
- V58.31 (Encounter for change or removal of surgical wound dressing)

M0246

- 722.2 (Displacement of intervertebral disc, site unspecified, without myelopathy))

Your patient's herniated disc has been resolved by the surgery, so you can't list the code for it in M0230 or M0240, but you can still list 722.2 in M0246 to gain the case mix points.

Another example: Your patient had a below-knee amputation of his left leg for diabetic peripheral angiopathy. The focus of care is aftercare.

For this patient, you would list:

M0230/M0240 M0246(3) (4)

- V58.73 (Aftercare 250.70 443.81

following surgery of

the circulatory system

NEC)

- 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)

In this case, the surgery couldn't resolve the peripheral angiopathy; it simply treated some of the condition's effects. So, you can list the angiopathy in both M0240 and M0246.

And because the peripheral angiopathy is a manifestation of your patient's diabetes, you must list the diabetes code in

column 3, followed by the manifestation code in column 4.

Get The V Code Background

Old way: Back when home health couldn't use V codes, if you had a nurse going in for aftercare for a joint replacement due to a fractured hip, you would have listed the fractured hip code in M0230, Gaboury says. In those days there was no M0245 or M0246.

New way: Now that you can list V codes in M0230 and M0240, ask yourself, "If I couldn't use a V code, what would I code here?" to decide what to place in M0246, Gaboury says. In the case where you are providing aftercare for a joint replacement due to a fractured hip, you would have to code the fractured hip in M0246.