

Home Health ICD-9/ICD-10 Alert

Coding How-To: 4 Questions Clear the Way to Better Wound Coding

Determine the cause **of each wound to hit the diagnosis nail on the head every time.**

Caring for wounds can earn your agency case mix points and more reimbursement. But if you aren't coding for them correctly, you're closing the door on money you are rightfully owed. When it comes to accurate wound coding, let the cause drive your selection.

Get this Case Mix Bonus

For Medicare payment considerations, traumatic wounds, burns and post-op complications are Skin 1 Case Mix diagnoses and provide points in all equations as either primary or secondary if sequenced in the top six diagnosis slots, says **Jan McLain, RN, BS, LNC, HCS-D, COS-C**, with Adventist Health System Home Care in Port Charlotte, Fla.

Flip side: Incorrectly coding a superficial injury as an open wound without supporting documentation can lead to up-coding and overpayment.

Ask these Wound Questions for Correct Code Use the following chart to help guide your wound code selection, says **Joan L.Usher, BS, RHIA, COS-C, ACE** with JLU Health Record Systems in Pembroke, MA.

Was the wound a result of a trauma/injury?

Code to an open wound 870-884, 890-894

Wound due to an injury/fall Accidental injury due to a sharp object **Was the wound an outcome of surgery?**

Code to aftercare V50"V59, usually V58.XX

Expected post surgical incision/wound **Were there post-operative issues with wound?**

Code to complications of procedures 998.XX

Post operative wound infection 998.5X

Dehiscence of operative wound 998.3X

Non-healing surgical wound 998.83

Complications of amputation 997.6x

Is the primary diagnosis an ulcer?

Pressure ulcer: 707.00-707.09 plus Stage 707.2X

Stasis ulcer (venous insufficiency) 459.81 and 707.10-707.19

Diabetic ulcer: 250.80 and 707.10-707.19

Lower extremity ulcer: 707.10-707.19

Try this Coding Scenario

Your new patient has an open wound on his left lower leg. The surrounding tissue is darkened and varicose veins are documented. Treatment orders on the referral say to cleanse the wound, cover with gauze, and wrap or secure with tape. The intake nurse at the home health agency identifies the wound as 891.1 (Open wound knee leg, [except thigh], and ankle; complicated). The admitting nurse submits her OASIS with the principal diagnosis of open wound left lower extremity (891.1) and additional diagnoses of 682.6 (Other cellulitis and abscess; leg, except foot) and 454.0 (Varicose veins of other extremities; with ulcer).

You could end your search for correct diagnosis codes there, but McLain suggests digging deeper. Upon review of the hospital discharge summary, you discover that the wound is identified as a stasis ulcer associated with varicosities, but there is no mention of cellulitis. You make a call to the physician and identify the wound as a stasis ulcer associated with varicose veins with stasis dermatitis. So the correct code is actually 454.2 (Varicose veins of other extremities; with ulcer and inflammation).

You don't end up with a case mix diagnosis, but your coding is accurate, McLain says. Now the wound can be appropriately treated and your agency doesn't risk a denial for up-coding because the documentation supports the code you selected.

Remember: You have 6 days (day 0 + 5) on admission for a Medicare/Medicaid client to research your wounds etiology, McLain says. Doing this investigative work can prevent wounds that remain in a chronic state with no resolution for the client as well as financial risk for your agency.