Home Health ICD-9/ICD-10 Alert

Coding How-To: Avoid Common Aftercare Coding Mistakes with 3 Tips

Look to the cause: The same surgery could be coded with two different aftercare codes.

Although coding for aftercare is a frequent occurrence in home health, that doesn't mean it's always easy to select the right code. Make sure you don't fall prey to these coding errors.

Look to the Reason for Surgery

Before you can find the right aftercare for surgery code, you need to look up the condition that brought the patient to the operating room in the first place, says **Trish Twombly, BSN, RN, HCS-D, CHCE, COS-C, HCS-O,** director of coding with **Foundation Management Services** in Denton, Texas. Unfortunately, many coders don't take the time, while others are confused by the results when they do.

For example: Your patient had a coronary artery bypass graft (CABG) due to coronary artery disease (CAD). You would code for CAD with a 414.x (Other forms of chronic ischemic heart disease) code. Look through the V58.7x aftercare codes and you'll see that V58.73 (Aftercare following surgery of the circulatory system, NEC) is the correct code for conditions classifiable to the 390-459. You can list the 414.x code in M1022 because the surgery didn't cure it, Twombly says.

Now suppose your patient has had a hemorrhoidectomy due to a strangulated hemorrhoid. You won't code for the strangulated hemorrhoid because the surgery has removed it, but you still need to know how it would be coded in order to choose the right aftercare code, Twombly says. Once you find the right code -- 455.x (Hemorrhoids) -- and check it against the V58.7x codes you'll find that V58.73 is the right aftercare code for this scenario as well.

"Coders get tripped up thinking these two conditions couldn't have the same aftercare code," Twombly says. "They might assume that the hemorrhoidectomy was surgery to the digestive system rather than looking up the code that took the patient to the operating room."

On the other hand, if your patient has a leg amputated due to peripheral vascular disease (443.x) V58.73 is your aftercare code as well. But if the leg was amputated due to trauma, and your patient had the same surgery, the aftercare code would be V58.43 (Aftercare following surgery for injury and trauma) because the surgery was due to injury or trauma. "Two patients with the same surgery could have two different aftercare codes," Twombly says.

And don't forget that there are other aftercare codes specific to other situations, such as aftercare following surgery for neoplasms (V58.42), aftercare for healing trauma fractures (V54.1x) and aftercare following surgery for transplants (V58.44), says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O,** consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas.

Important: It's not appropriate to list an aftercare code when your patient has a complication following surgery. Instead, list the appropriate numeric code for the complication when the surgical wound or post-op recovery is not routine because of a non-healing surgical wound (998.83), dehisced wound (998.3x) or infection (998.59) or any mechanical complication of an orthopedic device following the procedure.

Get Points for Resolved Conditions

When providing aftercare for surgery that resolves a condition, some coders overlook the opportunity to complete M1024 for case mix points, says **Jennifer Warfield**, **RN, BSN, HCS-D, COS-C,** education director with **PPS Plus Software** in Biloxi, MS. For example, suppose your patient had surgery to remove her gallbladder to treat cholecystitis. The cholecystitis codes fall under category 575.x (Other disorders of gallbladder) so the correct aftercare code for this patient

would be V58.75 (Aftercare following surgery of the teeth, oral cavity and digestive system, NEC).

In this scenario, your patient doesn't have cholecystitis anymore, because her gallbladder has been removed, so you can't code for it in M1020 or M1022, Warfield says. But you can list the 575.x code in M1024 for case mix points and risk adjustment.

Don't Overreact to V57.x and Nursing

Although it's true that you can't list a V57.x code when your patient is receiving skilled nursing visits, some coders take this ban a little too far. It's ok for the therapist to open a therapy-only case and do the start of care (SOC) OASIS, but many agencies only allow nurses to open a case, Warfield says. "If the nurse opens a therapy-only case, you have an unbillable nursing visit, but you can still list a V57.x code for this patient."

Reminder: Home health coding is based on skilled visits -- the RN making a non-billable visit to complete the OASIS should not be considered in your coding decision.

Mistake: When deciding whether to use a V57.x (Care involving use of rehabilitation procedures) code, don't start by tallying up which discipline has more visits -- nursing or therapy. The V57.x codes are appropriate only in therapy-only situations. For multi-discipline cases, look to the aftercare codes or the condition codes.

Example: You are providing aftercare following a knee replacement. Nursing will make three visits to see the patient; physical therapy will visit three times a week for three weeks to address the patient's abnormal gait.

For this multi-disciplinary case, list V54.81 (Aftercare following joint replacement) first, followed by V43.65 (Organ or tissue replaced by other means; joint; knee). Follow these codes with 781.2 for abnormality of gait if you feel including this symptom adds to the picture of your patient's condition. Sequencing for additional V codes is discretionary so you can also place V43.65 lower on your list if the patient has other conditions.