

Home Health ICD-9/ICD-10 Alert

Coding How To: KEEP ABSCESS CODING FROM DRAINING YOU

Answering 'no' on M0482 doesn't mean you can't code as aftercare.

Are you answering "yes" to M0482 for patients who have had an incision and drainage (I&D) of an abscess? You may be surprised to learn the **Centers for Medicare and Medicaid Services** doesn't agree with your answer.

Example: A patient with a lesion is diagnosed with an abscess, although the skin is intact. The doctor performs a surgical procedure to incise the skin and drain the abscess. The patient now has a wound that is a result of a surgical procedure. In this situation, the physician's treatment would not be considered a surgical wound for M0482 (Does the patient have a surgical wound?), a CMS spokesperson tells **Eli**.

Why: Look to the etiology [the cause or origin of the disease or condition] to understand CMS's reasoning, says **Rhonda Will, RN, BS, HCS-D, COS-C**, with **Fazzi Associates Inc.** in Northampton, MA. "The abscess is the etiology; the doctor happened to treat it by draining it. He didn't excise the abscess, it's still there. They're not considering that a surgical procedure; they're considering that a surgical treatment," she says.

Don't Code Based On M0482

If you're providing aftercare to a patient who has had an I&D of an abscess, you might be confused about which codes to use after answering "no" to M0482.

A wound that is not considered a surgical wound on OASIS can still be coded as an aftercare surgical wound, advises **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. You wouldn't answer M0482 as "yes" for an I&D of an abscess, but when you're coding aftercare of the abscess, you should select your code based on whether the wound is cleared of infection, she says.

Example: A patient has had an I&D for an abscess on his buttock. Your agency has been asked to provide skilled observation of the wound and dressing changes. You answer "no" to M0482, but how would you code this scenario?

Answer: It depends. Is the patient on antibiotics? In other words, is the abscess still there? If so, then the primary diagnosis would be 682.5 (Other cellulitis and abscess, buttock). If, on the other hand, the infection is cleared, then the care is considered routine, so you would use aftercare codes V58.77 (Aftercare following surgery of the skin and subcutaneous tissue, NEC) and V58.3 (Attention to surgical dressings and sutures) if providing dressing changes.

"You only use a V code when care of the wound is routine, and it's not considered routine if it's infected," says Selman-Holman.

Answer 'Yes' If Wound Is Excised

Unlike an abscess that has been treated with an I&D, an abscess that has been excised is considered a surgical wound on OASIS. If an abscess is surgically excised and the capsule is removed, this wound would be considered a surgical incision since the abscess no longer exists, advises the CMS spokesperson.

Example: Your patient has an abscess on the abdomen that has been excised.

- Answer "yes" to M0482 because CMS considers an excised abscess to be a surgical wound.
- Report V58.77 and V58.3 if the care of the wound is routine, i.e. there is no infection.

Remember: When coding an abscess, keep the following guidelines in mind:

- Answer "no" to M0482 if the patient's treatment consisted of an I&D.
- Answer "yes" to M0482 if the abscess has been excised.
- Select an appropriate code based on whether the wound is infected or not.
- Use a V code only if there is no infection.