Home Health ICD-9/ICD-10 Alert

CODING HOW-TO: MASTER CODING FOR COMPLICATED SURGICAL WOUNDS

Watch V code use with complications.

Your patient's surgical wound may be complicated, but coding for it doesn't have to be. Follow three simple steps to make sure you're accurately reporting all the care your agency provides.

1. Know When it's Complicated

Acomplication is a problem that arises during the healing process of the initial surgical procedure which negatively impacts healing, says **Judy Adams, RN, BSN, HCS-D, COS-C, president and CEO** of Adams Home Care Consulting in Chapel Hill, N.C. For example, an infected surgical wound is considered complicated.

Tip: There's no time limit to coding a surgical wound as complicated, Adams says. Even if the complication arises some time after surgery, you can still code for the wound as complicated.

2. Find the Right Code

Look under "Complication" in the alphabetic index of your coding manual to begin your search, Adams says. Then verify the code in the tabular list, and follow the directions for any additional codes. There are many complication codes for wounds of all types in chapter 17 at 996.xx (Complications peculiar to certain specified procedures), 997.6x (Amputation stump complication), 998.3x (Disruption of wound), and 998.5x (Postoperative infection) for postoperative wound complications, Adams points out. Also look to 998.83 (Non-healing surgical wound) and 997.xx (Complications affecting specified body systems, not elsewhere classified).

3. Don't Turn to Aftercare

Even though your agency is providing care post-surgery, you shouldn't use an aftercare V code when the surgical wound is complicated. The complication code trumps the aftercare V code in this case. Coding guidelines advise: "The aftercare V code should not be used if treatment is directed at a current, acute disease or injury. The diagnosis code is to be used in these cases."

However, you may occasionally find an exception to this rule. For example, if your agency is caring for an infected surgical wound which requires IV care, you would use the appropriate complication codes to report the wound, but you could still list V58.81 (Fitting and adjustment of vascular catheter) and V58.62 (Long-term [current] use of antibiotics).

Another example: Instructional notes at 996.4x (Mechanical complication of internal orthopedic device, implant, and graft) and 996.66 (Infection and inflammatory reaction due to internal joint prosthesis) advise coders to "use additional code to identify the prosthetic joint with mechanical complication or infection (V43.60-V43.69)," Adams says.

Check Out These 2 Coding Scenarios

Your patient has returned home after a coronary artery bypass graft (CABG) for coronary atherosclerosis (CAD) of his native artery. He needs continued observation and assessment of the surgical incision on his leg with three areas of incisional separation but no signs or symptoms of infection. He is a little weak but no longer has chest pain. He has diabetes with fasting blood sugar of 109 and diabetic peripheral angiopathy. He also has benign prostatic hyperplasia with urinary retention and frequent urinary tract infections and will be scheduled for a transurethral resection of the prostate soon. Your orders are for skilled nursing and physical therapy.

To code for this patient, Adams advises listing the following codes:

• 998.32 (Disruption of external operation [surgical] wound);

• 414.00 (Coronary artherosclerosis of unspecified type of vessel, native or graft);

• 250.70 (Diabetes with peripheral circulatory disorders; type II or unspecified type, not stated as uncontrolled);

• 443.81(Peripheral angiopathy in diseases classified elsewhere);

• 600.01(Hypertrophy (benign) of prostate with urinary obstruction and other lower urinary tract symptoms [LUTS]); and

• 788.20 (Retention of urine, unspecified).

The wound with the incisional separation is coded as an external disruption.

Follow the complicated wound code with the CAD diagnosis because in this case the CABG treats the disease but doesn't cure it.

Next, list 250.70 for diabetes with a circulatory condition, and pair this with 443.81 to indicate the diabetic manifestation -- diabetic peripheral angiopathy.

The notes under 600.01 ask that you list an additional code to identify the LUTS, in this case retention of urine (788.20).

Another example: Your diabetic patient had a partial foot amputation due to osteomyelitis. She was treated pre-operatively with antibiotics. The osteomyelitis is still present post-operatively and is being treated with antibiotics. The surgical site has dehisced. Code for this patient as follows, says coding and billing specialist **Vonnie Blevins, HCS-D,** with Houston, Texas-based Excellence Healthcare:

• 997.69 (Amputation stump complication; other);

• 997.62 (Amputation stump complications; infection [chronic]);

• 250.80 (Diabetes with other specified mani festations; type II or unspecified type, not stated as uncontrolled);

• 731.8 (Other bone involvement in diseases classified elsewhere);

• 730.27 (Unspecified osteomyelitis; ankle and foot).

Amputation stump disruptions are excluded from the disruption of surgical wound subcategory (998.3x), so you would code for this complication with a 997.6x code.

Sequence the code for the disruption (dehiscence) before infection.