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Coding How-To: Take 3 Tips to Perfect Your Trauma Aftercare Coding

Know when not to list a V code.

Coding for patients recovering from trauma can be confusing, but three simple tips will guide your way. Know when to list a V code and which V code to list, when you should report late effects, and when a complication code is more appropriate and you'll be well on your way to mastering these scenarios.

Look to Aftercare for Routine Care

You'll report an aftercare V code when your focus is routine care after a traumatic injury. Look to the aftercare V codes whether or not your patient has had surgery to repair the trauma.

Definition: An open wound or trauma wound is a wound caused by accident or violence, says **Lisa Selman-Holman, JD, BSN, RN, HCSD, COS-C, HCS-O,** consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas. Types of trauma wounds include avulsions, cuts, lacerations, puncture wounds, and traumatic amputations.

Don't be confused by other types of wounds that might appear to meet the trauma wound/open wound definition. For example a wound that is left open to heal by secondary intention is not an open wound. And neither is a medically caused wound, Selman-Holman says.

Coding example: Your wheelchair-bound patient with an old right below knee amputation (BKA) due to diabetic peripheral vascular disease accidentally rolled into a parked car and sustained an open compound tib-fib fracture. A left BKA was done due to the severity of the injury and his past history. Your agency is providing skilled nursing for wound care and insulin teaching. Physical therapy will also provide help with transferring.

Code for this patient as described in the table on page 2, says **Jennifer Warfield, RN, BSN, HCS-D, COS-C,** education director with **PPS Plus Software** in Biloxi, Miss.

Your patient experienced a traumatic injury that resulted in a fracture which required an amputation, Warfield says. In this situation, you should report V54.89 to indicate the aftercare following the amputation as your focus of care in M1020 and the fracture code in M1024 as your payment diagnosis.

Code for the patient's diabetes and its manifestation of PVD as comorbidities because they still exist even after the amputation, Warfield says. Sequence the remaining V codes for dressing changes and amputation and wheelchair status as you see fit based on the medical documentation.

Tip: You could also use aftercare code V58.43 (Aftercare following surgery for injury and trauma) for this patient because the amputation was caused by a traumatic injury.

Know When To Report Late Effects

If you're caring for a patient with a healing traumatic fracture, then you should use a fracture aftercare code. For example, your patient has returned home from the hospital and requires care as she recovers from a hip fracture treated by an open reduction internal fixation. Report V54.13 (Aftercare for healing traumatic fracture of hip) for this patient.

However, if your patient's fracture is old and healed, but she now has a contracture, you need to turn to the late effects codes. For a contracture of the hip joint resulting from a healed fracture, list 718.45 (Contracture of joint; pelvic region and thigh) followed by 905.3 (Late effect of fracture of neck of femur).

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Avoid V Codes with Complications

Reporting aftercare V codes is fine when you're providing routine aftercare, but these codes are inappropriate when your patient has a complication.

Codes for complications always supersede aftercare V codes, since they are acute medical conditions and more intense than aftercare.

If your patient has a complication such as delayed healing, a foreign body in his wound, delayed treatment, or infection or wound dehiscence, look instead to the codes for the complication. Complications affecting multiple sites or body systems are generally found in categories 996-999 (Complications of surgical and medical care, not elsewhere classified). Complications affecting specific sites are classified in the appropriate ICD-9 chapter.

Coding example: Your patient was mowing his lawn and ran over a wire hanger which penetrated his calf above the

Achilles tendon. He pulled it out and kept mowing. Three days later, the wound was infected and necrosed. He had surgery to clean up the infection and close the lacteration. The wound is still showing signs of infection. You are providing aftercare. How would you code for this patient?

Rather than listing V58.43 for this patient, you would list 891.1 (Open wound of knee, leg [except thigh], and ankle; complicated), Selman-Holman says. Listing 891.1 as primary will bring up to 20 points to your case mix score.

If the wound was not complicated, you would list the V code, V58.43 as primary for this wound, Selman-Holman says. In that case, you would report the wound itself with 891.0 (Open wound of knee, leg [except thigh], and ankle; without mention of complication) in M1024 across from V58.43. This would allow you to earn the primary diagnosis case mix points.

Tip: Don't forget to repeat the wound code in M1022 under the V code because in this scenario the wound is still a current diagnosis.

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