

Home Health ICD-9/ICD-10 Alert

Coding Tip: Are You Making These Common Aftercare Coding Errors?

Who has more visits? It doesn't matter with V57.x.

Following the steps to code for aftercare and orthopedic cases can seem easy enough, but coders can fall prey to misconceptions. Make sure your coding accuracy doesn't suffer by banishing these mistakes.

1st mistake: Some coders think they can only use an aftercare code for fracture care if the fracture has been repaired, says **Jennifer Warfield, RN, BSN, HCS-D, COS-C,** education director with PPS Plus Software in Biloxi, MS.

For example, a fractured pelvis isn't usually surgically repaired, especially in the elderly, Warfield says. Instead these fractures are often treated with rest. Even though there was no medical repair, you can report V54.19 (Aftercare for healing traumatic fracture of other bone) if you are providing care for a fractured pelvis. Note that the V54.1x and V54.2x (Aftercare for healing pathologic fracture) codes are not aftercare following surgery codes; they are aftercare for healing fracture codes, says **Lisa Selman-Holman,JD, BSN, RN, HCS-D, COS-C,** consultant and principal of Selman-Holman & Associates and CoDR -- Coding Done Right in Denton, Texas.

2nd mistake: People often say "We don't use V codes; they're optional," Warfield says. This isn't a good coding practice -- sometimes there is no other choice but to use a V code to describe your patient's condition.

You can't report an acute fracture code as the principal diagnosis when you're providing aftercare for an acute fracture -the V code is your only option, Warfield says. And reporting 781.2 (Abnormality of gait) instead of a fracture aftercare
code means you cannot complete M1024 for any case mix points you're due, plus you miss out on risk adjustment for the
fracture.

3rd mistake: When deciding whether to use a V57.x (Care involving use of rehabilitation procedures) code, some coders start by tallying up which discipline has more visits -- nursing or therapy, Warfield says.

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

Therapy is making more visits, but that doesn't mean it's appropriate to list V57.1 (Other physical therapy) as the principal diagnosis for this patient. This is an interdisciplinary case, so reporting an aftercare code is the right course to take, says Warfield.

In this case, you would list V54.81 (Aftercare following joint replacement), followed by V43.65 (Organ or tissue replaced by other means; joint; knee). Then list 781.2 for abnormality of gait.