

## Home Health ICD-9/ICD-10 Alert

### Reader Question: Don't Shortchange Yourself with Osteomyelitis Care

**Question:** Our new patient has Osteomyelitis caused by Staph aureus at the sternoclavicular junction. We will be doing assessment and teaching and administering IV antibiotics. How should we code for this patient?

Arizona Subscriber

**Question:** You might be tempted to report V58.81 (Fitting and adjustment of vascular catheter) as your primary diagnosis when providing IV antibiotics to a patient with osteomyelitis, but this is a mistake. You shouldn't list a V code as primary when the focus of care is the condition itself. Don't make the mistake of coding what you are doing about the condition first.

Instead, code for this patient as follows:

- **M1020a:** 730.01 (Acute osteomyelitis, shoulder region);
- **M1022b:** 041.11 (Methicillin susceptible Staphylococcus aureus)
- **M1022c:** V58.81 (Fitting and adjustment of vascular catheter); and
- **M1022d:** V58.62 (Long-term [current] use of antibiotics).

Osteomyelitis is a bone infection that is usually caused by one of a variety of microbial agents. The infection may start in another part of the body and spread to the bone by blood. The infected bone produces pus, which may cause an abscess that deprives the bone of its blood supply.

Trauma, diabetes, hemodialysis and intravenous drug use put a person at risk of contracting osteomyelitis. Symptoms of osteomyelitis can include pain; swelling, redness and warmth; fever and nausea.

Osteomyelitis can be acute or chronic. Chronic osteomyelitis occurs when bone tissue dies as a result of lost blood supply.

Osteomyelitis at the sternoclavicular joint is coded to the shoulder region. The fifth digit for the shoulder region includes the acromioclavicular joint, glenohumeral joint, sternoclavicular joint, clavicle and the scapula.

You'll find a note in the 730.xx (Osteomyelitis, periostitis, and other infection involving bone) category that states "Use additional code to identify organism, such as Staphylococcus (041.1)." So, you'll need to add the organism code for Staphylococcus aureus, NOS. Follow with your reason for encounter code, V58.81, for the fitting and adjustment of the vascular catheter which includes dressing changes.

Next, list the V code for the IV antibiotics. Don't use V58.62 for short bouts of antibiotics such as oral antibiotics provided for acute bronchitis, but it is acceptable to use this code in scenarios such as the one you describe.

Osteomyelitis, although case mix, rarely earns points as an Ortho 2 case mix diagnosis. Upper extremities are generally Ortho 2 whereas Ortho 1 case mix diagnoses are generally lower extremities.

However, in this scenario, you would earn 5 points in an early episode, because the Ortho 2 case mix diagnosis is combined with an answer to M1030 □ Therapy at home for the infusion therapy. In addition, M1030 gains anywhere from 5-15 points for an answer indicating 1 (IV/Infusion) or 2 (parenteral).