

Home Health ICD-9/ICD-10 Alert

Reader Question: Look to Complications Code for Post-Surgical Peritonitis

Question: Our patient had a routine colonoscopy and two hours later was admitted to the hospital with a perforated viscus and developed peritonitis. He had a colon resection with ileostomy and developed paralytic ileus post-op.

Nursing is seeing him for assessment and care of the incision, Jackson-Pratt drain care, and ostomy teaching. He is still taking antibiotics for the resolving peritonitis. How should we code for him?

Via Listserv

Answer: For this patient, list the following codes:

- M1022a: 997.49 (Other digestive system complications);
- M1022b: 567.9 (Unspecified peritonitis);
- M1022c: V55.2 (Attention to ileostomy); and
- M1022d: V58.62 (Long-term [current] use of antibiotics).

Your patient was hospitalized for his perforated viscus as a complication of his colonoscopy and his subsequent peritonitis. Because he is still experiencing a complication of the original procedure (peritonitis), it's not appropriate to list an aftercare V code for this patient.

Instead, list 997.49 to indicate that your patient is experiencing digestive system complications as your principal diagnosis code.

Next, list 567.9 for your patient's peritonitis. This helps to specify the complication your patient experienced.

Follow this with V55.2 to report your patient's ileostomy and the care you are providing.

Finally, list V58.62 to show that he is receiving antibiotics for the peritonitis.

Note: Thanks to participants on our **Home Health Coding & OASIS Discussion List** for sharing this scenario and coding suggestions. Join us at http://osslogin.com/list/join_homehealth.html.