Home Health ICD-9/ICD-10 Alert

Reader Question: Look to M1024 for Possible Risk Adjustment

Question: Our new patient was admitted after four weeks of rehab following a hip replacement due to a fracture after a fall at home. We will be providing physical therapy for gait training, transfer training, and strengthening. Occupational therapy will provide activities of daily living training. The patient has hypertension which is controlled with medication. How should we code for this patient?

Colorado Subscriber

Answer: List the following codes for this patient:

When therapy is the only service you're providing, the Official Coding Guidelines require that a code from the V57.x (Care involving use of rehabilitation procedures) series is listed as the principal diagnosis code to show the admission is for rehabilitation. This is true even when you're caring for a patient with a fracture.

Tip: If you'll be providing multiple therapies, as in this scenario, the correct code to list is V57.89 (Other specified rehabilitation procedure; multiple training or therapy).

Following the V57.x code, you'll need to report a code to describe the condition being treated. In your patient's case, list V54.81 to indicate that therapy is providing aftercare for this patient's joint replacement. In situations like this, list V54.81, rather than a fracture aftercare code, because the patient's fracture has been treated with the joint replacement and the fracture is no longer present.

Pair the joint replacement aftercare code with 820.8 in M1024 to indicate that a V code (V54.81) replaces a case mix diagnosis code in M1022. Codes V57.89 and V54.81 do not make the fracture code eligible for case mix points (only V54.1 and V54.2 will send the grouper to look for fracture points). However, if a V code replaces a resolved case mix diagnosis that's relevant to the plan of care, you can report this code in M1024 for potential risk adjustment, but it will not be awarded case mix points. In this case, the underlying cause for the surgery, the hip fracture (820.8), is case mix so you can report it in M1024.

Note: This situation may not earn you risk adjustment on your outcomes if the fracture was already coded in M1010 or M1016.

If the documentation includes details about how the patient's hypertension will impact the care you provide, you'll list 401.9 next.

Finally, list V43.64 to specify the location of your patient's joint replacement.