

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

### Reader Question: Mind the Notes with Infections, Ulcers

Question: Our new patient was admitted for wound care due to external disruption of a surgical wound, which has also cultured out MRSA. The patient also has stage-2 decubitus ulcers on the coccyx. How should I code for this patient?

North Carolina Subscriber

Answer: Report the following codes for this patient:

- M1020a: 998.32 (Disruption of external operation [surgical] wound);
- M1022b: 998.59 (Other postoperative infection);
- M1022c: 041.12 (Methicillin resistant Staphylococcus aureus, in conditions classified elsewhere and of unspecified site);
- M1022d: 707.03 (Decubitus ulcer; lower back); and
- M1022e: 707.22 (Pressure ulcer stage II).

Your focus of care for this patient is his disrupted surgical wound, so you'll list 998.32 in M1020a.

The wound is also infected, so your next code, 998.59, indicates this complication. You'll find the instructional note "Use additional code to identify infection" under 998.59, so you'll also need to list 041.12 to show that your patient has an MRSA infection.

Next, you should code for the stage 2 decubitus ulcer on your patient's coccyx with 707.03. An instructional note at subcategory 707.0x advises you to "Use additional code to identify pressure ulcer stage (707.20-707.25)." So your final code is 707.22 to indicate that your patient has a stage 2 decubitus ulcer.

Mistake: Don't be tempted to list a surgical aftercare V code because you're in the home to care for the wound, not the original incision. Complications trump V codes and V codes are used for routine aftercare. These complications are not routine.