

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

### READER QUESTIONS: Avoid Sternal Osteomyelitis Confusion

**Question:** I have a patient who has diabetes and a non-healing surgical wound with sternal osteomyelitis. She has had this wound for over a year. She just had surgical debridement with excision for the second time a few days ago. The infection is still present. I am thinking of listing the following codes for this patient:

- M0230a: V58.77 (Aftercare following surgery of the skin and subcutaneous tissue, NEC);
- M0240b: 250.80 (Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled);
- M0240c: 731.8 (Other bone involvement in diseases classified elsewhere);
- M0240d: 730.xx (Osteomyelitis, periostitis, and other infections involving bone); and
- M0240e: 998.83 (Other specified complications of procedures, not elsewhere classified, non-healing surgical wound).

Am I coding correctly? Should I report V58.77 if the infection is still present?

Kentucky Subscriber

**Answer:** If the patient has sternal osteo-myelitis as the result of a non-healing surgical wound, then it is not diabetic osteomyelitis. If the focus of care is the osteomyelitis, report 730.x8 (Osteomyelitis, periostitis, and other infections involving bone, other specified sites) as the primary diagnosis followed by 998.59 (Other postoperative infection). List diabetes as a co-morbidity. The "8" as a fourth digit of diabetes indicates that the osteomyelitis is a manifestation of diabetes and that isn't the case for this patient.

**Don't miss:** There are two coding rules pertinent to this scenario you should remember:

1. A V code is not appropriate when you have an infected surgical wound.
2. If this were surgery for diabetic osteo-myelitis, then the appropriate V code to report would be V58.78 (Aftercare following surgery of the musculoskeletal system, NEC).