

Home Health ICD-9/ICD-10 Alert

READER QUESTIONS: Focus On Focus Of Care For Knee Replacement

Question: Our 90-year-old patient had a total knee replacement (TKR), and went to rehab for therapy. While at rehab, he had acute cellulitis of the knee and was placed on Vanco. He then had subsequent acute renal failure due to Vanco toxicity. He was transferred back to the hospital for dialysis and IV antibiotics. Then, once he had recovered, he was transferred back to the same rehab facility and is now going home.

Do I code the original reason for the hospitalization (osteoarthritis and TKR), or the secondary hospitalization? And now that he is going home, do I still code this as an aftercare for joint replacement?

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Answer: Your answer depends on what your focus of care is for this patient. The important coding rule to consider is: Do not code conditions that no longer exist (unless they are relevant as a history code).

If the patient still has cellulitis and if that is the focus of your care then 996.66 (Infection and inflammatory reaction due to internal joint prosthesis) is your primary diagnosis followed by the cellulitis code. If the infection is clear, then V54.81 (Aftercare following joint replacement) is your primary diagnosis.