

Home Health ICD-9/ICD-10 Alert

Reader Questions: Gain Risk Adjustment For Fractures

Question: In the "You Be The Coder" scenario you ran in Vol. 5, No.6, you suggested listing 820.8 (Fracture of neck of femur; unspecified part of neck of femur, closed) in M0246 for a patient who had undergone hip replacement surgery. I thought this would be considered upcoding because the patient no longer has the fracture. I also thought that situations like this were the reason abnormality of gait receives case mix points. If we are allowed to list the acute fracture code in M0246 for joint replacements, could you point me to guidance from the **Centers for Medicare & Medicaid Services** on this topic?

-- Colorado Subscriber

Answer: Instructions in OASIS Chapter 8 tell us to use the OASIS B-1 instructions when completing M0246, essentially reporting the underlying reason for the V code. The reason for the surgery (the underlying diagnosis to the V code) in the scenario you mention is the fracture.

The fracture codes are case mix diagnoses so it's appropriate to place them in M0246. The fracture code is not used in M0230 or M0240 because according to the official coding guidelines, the acute fracture code can only be used during active treatment.

Before the most recent PPS refinements, the fracture codes were appropriate in M0245 for the same reason. Fractures and abnormality of gait were worth the same number of points. Many coders chose to use abnormality of gait rather than the fracture codes. This was correct coding because if a definitive diagnosis is resolved you can substitute the symptom that is being treated.

However, using abnormality of gait when the fracture code is appropriate actually provides less or no risk adjustment on most outcomes.