Home Health ICD-9/ICD-10 Alert

READER QUESTIONS: Get To The Core Of Coding For Cured Conditions

Question: When a patient has a condition which is corrected, we all understand that we use the aftercare code for the corrective surgery. But there are two schools of thought as to whether or not to code the original problem in M0240 to indicate the reason for the surgery.

One school says to code the original problem (aortic stenosis, for example) and give it a severity of 1 and then code "aftercare following surgery of the circulatory system" as the primary V code. The other school says that we don't code the aortic stenosis because it is no longer there. That sometimes leaves us with a V code only in M0230/M0240. Which school of thought is correct?

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Answer: The official ICD-9 coding guidelines instruct not to code a condition that no longer exists. When coding aftercare consider the condition that was the reason for the surgery. If that condition was "cured" by the surgery, then do not code it. If the reason still exists, then code it.

Example: If the patient had an appendectomy, don't code the appendicitis. But if the patient had a femoral-popliteal bypass, you would still code the peripheral vascular disease (PVD) because the patient still has it and it is pertinent to the care.

Consider your example of the aortic stenosis. If the patient had a valve replacement, then the code would be V58.73 (Aftercare following surgery of the circulatory system, NEC). The patient no longer has aortic stenosis, so you would not code it for your plan of care.

However, you can code a post-surgical status of heart valve replacement with V42.2 (Organ or tissue replaced by transplant, heart valve) or with V43.3 (Organ or tissue replaced by other means, heart valve) depending on the circumstances.

If the patient had a coronary artery bypass graft (CABG) for coronary artery disease (CAD), you would use the same aftercare code but you would also code the CAD because it still exists. The CABG did not cure the CAD (it just bypassed it). There is also a post-surgical status code for a CABG--V45.81 (Aortocoronary bypass status).

Note: If the condition that necessitated the surgery is "cured" and can no longer be coded in the POC, but is a case mix code, you may still code it in M0245 for home health resource group (HHRG) payment calculation.