

Home Health ICD-9/ICD-10 Alert

Reader Questions: Know this Complication Exception

Question: We have a question about completing M1024. If a post-operative episode is complicated by a non-routine event, does the complication impact all the coding for the episode or only the specific disciplines? Based on the Centers for Medicare & Medicaid Services OASIS examples, we are unsure about this. For example, suppose a patient has an infected surgical wound and has skilled nursing services ordered. He then fractures his hip and has a total hip replacement. Would the therapy services be considered routine?

Answer: First off, the correct aftercare code when a patient has a joint replacement to repair a fracture is V54.81 (Aftercare following joint replacement) not a V54.1x (Aftercare for healing traumatic fracture) code.

Regardless of the V code you list, in your example the underlying condition to that V code is the acute fracture so you can place the code for it -- 820.8 (Fracture of unspecified part of neck of femur closed) in M1024 for case mix calculation.

The related CMS example describes a patient with a postsurgical infection that is superficial (the infection doesn't involve the joint itself) so CMS' reasoning holds that the aftercare is routine.

One of a kind: Joint replacements appear to be the only circumstances in which the complication and the aftercare codes are used together. If the infection was due to the joint prosthesis or related to the joint prosthesis, then you would list 996.66 (Infection and inflammatory reaction due to internal joint prosthesis) for the infection and you would not report V54.81.