

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

### READER QUESTIONS: Look to Aftercare for Hip Replacement Revision

Question: Our patient underwent a revision of her failed hip replacement due to mechanical malfunction. We are providing skilled nursing and physical therapy. Physical therapy has more visits and will be addressing her abnormality of gait. Skilled nursing will be providing wound care. The patient's original hip replacement was due to degenerative joint disease. How should we code for her?

-- North Carolina Subscriber

Answer: You might be tempted to list 996.4x (Mechanical complication of internal orthopedic device, implant, and graft) for this patient. But this complication was addressed by the hospital and is no longer present, so the diagnosis isn't appropriate as she enters home care.

A better choice is to list V54.81 (Aftercare following joint replacement). Follow this with V43.64 (Organ or tissue replaced by other means; joint; hip) to indicate the joint replacement site as a secondary diagnosis. V43.64 does not have to be sequenced right after the aftercare code.

Next, list 781.2 (Abnormality of gait) to indicate the condition therapy is addressing. Don't list this diagnosis in M0246, however, because it doesn't fall under the Diabetes, Skin 1-Traumatic Wounds, burns, and post-operative complications, or Neuro 1- Brain disorders and paralysis PPS diagnosis groups and is a current diagnosis.

Even though therapy has more visits, it's not appropriate to list V57.1 (Other physical therapy) for this patient because nursing is also providing care. Listing a 715 code (Osteoarthritis and allied disorders) isn't appropriate either because the joint replacement surgery addressed this condition. The 715 code is appropriately listed in M0246/M1024 across from V54.81 because it is a case mix diagnosis (assuming that the fifth digit is a 5 or 6), which replaced a resolved case mix diagnosis.