

Home Health ICD-9/ICD-10 Alert

READER QUESTIONS: Resolve This DJD Coding Issue

Question: Where would I list 715.35 (Osteoarthritis, localized, not specified whether primary or secondary; pelvic region and thigh) when we are providing aftercare for a knee replacement due to osteoarthritis? If I list V54.81 (Aftercare following joint replacement) in M1020, is the degenerative joint disease considered resolved, in which case I should list 715.35 in M1024? Or, as the Centers for Medicare & Medicaid Services state in an Appendix D example, should I list 715.35 in M1022 because it is an ongoing condition? I tend to believe the latter, because the prosthesis goes into the bone and the bone has the DJD which is why artificial joints often wear or fail. What do you think?

-- Vermont Subscriber

Answer: If the patient didn't have osteoarthritis in any other joint, then it would be considered a resolved condition and would code for it in M1024.

In the case you describe, the DJD in the knee is resolved but the patient also has osteoarthritis in the hip. This osteoarthritis is a condition that impacts the plan of care, so you should code for it as a secondary diagnosis. Because it is coded in M1022, there is no need to code the osteoarthritis in M1024.