Home Health ICD-9/ICD-10 Alert

Reader Questions: Save V Codes for Routine Care

Question: Our new patient has a postoperative infection following an open reduction of a comminuted spiral femur fracture he received in a car accident. He is receiving IV antibiotics and Coumadin through a PICC line. He is on Coumadin because of a deep venous thrombosis in his right calf during hospitalization. His wife is doing the dressing changes and giving him his Ampicillin. Our nurse draws labs and changes the PICC dressing every week. How should we code for him?

Answer: Code for this patient as follows:

- M1020a: 998.59 (Other postoperative infection);
- M1022b: V58.81 (Fitting and adjustment of vascular catheter);
- M1022c: V58.62 (Long term [current] use of antibiotics);
- M1022d: V12.51 (Personal history of venous thrombosis and embolism);
- M1022e: V58.83 (Encounter for therapeutic drug monitoring); and
- M1022f: V58.61 (Long term [current] use of anticoagulants).

Your patient developed a postoperative infection, so it's not appropriate to use an aftercare code such as V54.15 (Aftercare for healing traumatic fracture) as primary. You can't report an aftercare code if a complication such as a postoperative infection or a wound dehiscence is the focus of care, because these V codes are only appropriate for routine care. Instead,code 998.59 (Other postoperative infection) as your principal diagnosis.

Follow this with V58.81 (Fitting and adjustment of vascular catheter) for the PICC line care you're providing, V58.62 (Long term [current] use of antibiotics), V12.51 (Personal history of certain other diseases, diseases of the circulatory system) for his earlier DVT, V58.83 (Encounter for therapeutic drug monitoring), and V58.61 (Long term [current] use of anticoagulants). You may want to query the physician regarding the continued presence of the DVT. Most thromboses/emboli take three to six months to resolve, during which time you should use the acute code for the DVT. But you should not use the chronic DVT code if the physician doesn't specify.

It's not appropriate to code V58.31 (Encounter for change or removal of surgical wound dressing) for two reasons. First, the V58.3x codes indicate that the agency is encountering the patient to provide dressing changes or suture removal. In this case, the wife is providing the dressing changes.

Second, avoid using V58.31 in this scenario because you don't use V codes when the care is not routine. If a wound is complicated by infection, you should code the infected wound. This code includes all the care provided to the wound -- in this scenario 998.59 (Other postoperative infection).