

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

### Use V Codes to Treat Some Wound Care Coding Troubles

#### Key: Let your clinician determine the wound type

Wound care can be one of the trickiest home health coding problems you face. The same wound can go through many changes and take many different forms, so knowing when to change a diagnosis can be the key to earning proper reimbursement.

"The true key to correctly coding wounds is to have a clear and complete description of the wound before trying to code it," says **Judy Adams, RN, BSN, HCS-D**, a clinical consultant with the LarsonAllen Health Care Group in Charlotte, N.C.

#### Master Pressure and Stasis Ulcers

Fortunately, you can simplify coding for wounds by learning how to code the most common wound that home care coders see: skin ulcers.

Use the nine five-digit decubitus ulcer codes - 707.00-707.09 - that take effect Oct. 1 to cover pressure ulcers. These codes apply to specific locations of decubitus ulcers. Until Oct. 1, you should report the less specific code 707.0 (Decubitus ulcer).

For stasis ulcers - ulcers that result from inadequate circulation to the tissue - you'll need two codes. For example, if the medical record indicates a stasis ulcer on the heel, use 459.81 (Venous [peripheral] insufficiency, unspecified) as the primary diagnosis and 707.14 (Ulcer of heel and midfoot) as the secondary diagnosis.

Sometimes stasis ulcers can be difficult to distinguish from other ulcers, so it's always important to let the clinician make the call on the primary diagnosis, says Patti Johnston, RN, CWOCN, with Positive Outcomes Inc. in Woodlands, Texas.

#### Wounds Change ... Codes Should, Too

Coders can be stumped as to when a pressure ulcer or stasis ulcer becomes a surgical wound. Adams offers the following guidelines that will help you to navigate these situations:

1. If a wound was caused by surgery, it is a surgical wound. (For example, an appendectomy is a surgical wound.)
2. If the wound existed prior to surgery, it remains the type of wound it was before the surgical procedure was performed. For example, a decubitus ulcer that is surgically debrided is still a decubitus ulcer. Debridement is a procedure for cleaning the site and does not cause a new wound.
3. If the wound/ulcer is totally changed by the surgery, it may become a surgical wound. For example, a decubitus ulcer that was treated with a muscle flap to close the ulcer is now a surgical wound rather than a decubitus ulcer.

Surgical wounds are probably the trickiest of all. You'd be surprised at how many coders try to use the open wound codes (870-897) to code surgical wounds. Those codes are in the "Injury and Poisoning" section of your ICD-9 book and are therefore off-limits for coding your most common surgical wounds.

#### Solve Some Problems With V Codes

Instead, treatment of a surgical wound is most likely to require a V code as a diagnosis code.

For instance, if a patient has a pressure ulcer that is treated with a flap and the patient is then discharged to home care, you would code the patient's aftercare services with V58.77 (Aftercare following surgery of the skin and subcutaneous tissue, NEC).

Note that the ICD-9 manual instructs you to use more than one V code when it's appropriate.

If you were to change a dressing on the former pressure ulcer or to remove some sutures from the flap, you would also include V58.3 (Attention to surgical dressings and sutures).