Home Health ICD-9/ICD-10 Alert

You Be The Coder ... Multiple Fractures Complicate Coding

Question: The patient was injured in a car accident and admitted to home health with a fractured foot, tibia, ulna, lumbar vertebrae, multiple ribs and a head injury. She has multiple sclerosis, osteoarthritis and osteoporosis. She had external skeletal fixation and recently had a suprapubic catheter inserted. Physical therapy and occupational therapy are each in twice a week and skilled nursing is in once a month for catheter changes. You are coding for a recertification. How would you code this?

Answer: This scenario continues to be routine care, so you would not use late effects, even though it is a recert, says coding consultant **Lisa Selman-Holman** with Denton, TX-based **Selman-Holman & Associates**. Late effects would require you to use another code to indicate the late effect, such as malunion, nonunion or contractures, she explains.

You would still use V54.19 (Aftercare for healing traumatic fracture of other bone) and indicate all the traumatic fractures in Box 21 of the 485, she suggests. Depending on the types and extent of the head injury, you might consider coding it as primary because it could justify both therapies and provide case mix points, Selman-Holman explains. If it's not that extensive, include the head injury as one of the codes in M0240, she says. If the head injury is not primary, here is the suggested coding:

M0230:

1. V57.89 (Care involving use of rehabilitation procedures, other)

M0240:

2. 728.87 (Muscle weakness)
3. V54.19 (Aftercare for healing traumatic fracture of other bone)
4. V55.6 (Attention to artificial openings, other artificial opening of urinary tract)
5. 596.54 (Neurogenic bladder, NOS)
6. 340 (Multiple sclerosis)
7. The code for the type of head injury
8. E819.9 (Motor vehicle traffic accident of unspecified nature, unspecified person)

M0245: (only if Medicare is a secondary payor)

9. 728.87 (Muscle weakness)