

Home Health ICD-9/ICD-10 Alert

You Be the Coder: Clear Up The Coding For This Complicated Hip Prosthesis Patient

Question: We have a female patient admitted with an MRSA infected hip prosthesis and cellulitis. She also has type II diabetes, CHF, anemia, several ulcers on her toes, and a stage II pressure ulcer on the sacrum. Nursing will be assessing her respiratory status, skin and edema on each visit. Nursing will also be instructing on medications, disease processes, IV antibiotic administration, and central line care. The patient's husband is performing dressing changes for the surgical wound, as well as several ulcers on her toes and the pressure ulcer on the sacrum. Nursing will draw peak and trough labs as ordered.

Pennsylvania Subscriber

Answer: Try the following codes to report this patient, suggests **Joella Teague, LVN, HCS-D**, with **Angel Bright Home Health, Inc** in Corpus Christi, TX.

- M0230a: 996.66 (Infection and inflammatory reaction due to internal prosthetic device, implant and graft; due to internal joint prosthesis);
- M0240b: V43.64 (Organ or tissue replaced by other means; joint; hip);
- M0240c: 682.6 (Other cellulitis and abscess; leg, except foot);
- M0240d: 041.11 (Staphylococcus aureus);
- M0240e: V09.0 (Infection with microorganisms resistant to penicillins);
- M0240f: 428.0 (Congestive heart failure, unspecified);

Other Pertinent Diagnoses:

- 707.03 (Decubitus ulcer; lower back);
- 707.15 (Ulcer of lower limbs, except decubitus; toes);
- 250.00 (Diabetes mellitus, without mention of complication; type II or unspecified type, not stated as uncontrolled);
- 285.9 (Anemia, unspecified);
- V58.81 (Fitting and adjustment of vascular catheter);
- V58.83 (Encounter for therapeutic drug monitoring); and
- V58.62 (Long-term [current] use of antibiotic).

The primary focus of home health care will be caring for your patient's acute conditions -- the infected hip prosthesis

(996.66) and cellulitis of the hip (682.6). While you might be tempted to list V54.81 (Aftercare following joint replacement), the more specific complication code for an infected hip prosthesis overrides the use of this V code. Also note that postoperative infection code, 998.59, excludes infection due to implanted device and directs you to codes 996.60-996.69. Don't list a post-operative surgical wound care code, because the care and dressing change is inclusive in the 996.66 complication code.

Note this: Code 996.66 has the instructional note "use additional code to identify infected prosthetic joint (V43.60-V43.69)." List V43.64 as a secondary code for this patient.

Subcategory 996.6 includes another instructional note "use additional code to identify specified infections." Coding an MRSA infection requires two codes. First, report the organism staphylococcus aureus with 041.11. Follow this with the resistance code, V09.0, to identify resistant to penicillin.

Don't repeat yourself: Subcategory 682 also includes the instructional note to "use additional code to identify organism." But there's no need to code the infection twice; once for the infected prosthesis and once for the cellulitis.

Next, code the CHF because one of the primary reasons for care is the assessment of the respiratory function. Don't code for the edema separately, because it is integral to CHF disease process.

The pressure ulcer to the sacrum is being cared for by the patient's husband but still needs to be coded as a pertinent diagnosis.

List 707.15 because there is no documentation or classification to indicate whether the toe ulcers are diabetic, ischemic, or stasis ulcers.

The next step: List the diabetes type II and anemia next. These comorbidities affect the plan of care and rehabilitation because they may delay wound healing or blood sugar may be exacerbated due to the presence of the bacterial infection.