

Home Health ICD-9/ICD-10 Alert

You Be The Coder: Code Completely For Physical Therapy

Question: We have a patient who had a total knee replacement (TKR). She had the joint replaced due to osteoarthritis. We are providing physical therapy only -- no nursing aftercare. How should I code for this patient?

-- Ohio Subscriber

Answer: Since you are admitting the patient for rehab services, you should list the code for therapy first, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. The underlying diagnosis for the V57.1 (Other physical therapy) code is 781.2 (Abnormality of gait), so you should place that code in M0246(3) directly across from V57.1 and repeat it in M0240b because it is a current diagnosis.

The therapist is providing orthopedic aftercare for the joint replacement, so you should also list V54.81 (Aftercare following joint replacement), Selman-Holman says. The underlying diagnosis to that V code is the degenerative joint disease (DJD). In this case, you would list 715.36 (Osteoarthritis, localized, not specified whether primary or secondary; lower leg) for the DJD.

Also list a code to describe the joint affected, V43.65 (Organ or tissue replaced by other means; joint; knee), Selman-Holman says.

Because this patient has neither a pressure ulcer nor infusion/parenteral therapy, there are no case mix diagnosis points available.

Even though the case is therapy-only, it's still important to code other co-morbidities that may impact the care and the rehab prognosis.