

Home Health ICD-9/ICD-10 Alert

YOU BE THE CODER: DON'T DRESS UP AFTERCARE CODES

Question: We have a patient who had a right pneumonectomy four months ago because of lung cancer. He developed an abscess in the operative site three weeks ago and had an incision and drainage (I&D). He is on IV antibiotics and we are packing the wound daily. How should we code for this patient?

Nevada Subscriber

Answer: Code for this patient as follows, says **Lynn Yetman, RN, MA, HCS-D, COS-C, LNC** of **Reingruber & Company** in St. Petersburg, FL.

- M0230a: 998.59 (Other postoperative infection);
- M0240b: 682.2 (Other cellulitis and abscess, trunk [chest wall]);
- M0240c: V10.11 (Personal history of malignant neoplasm, bronchus and lung);
- M0240d: V58.81 (Fitting and adjustment of vascular catheter);
- M0240e: V45.76 (Acquired absence of lung); and
- Procedure: 34.01 (Incision of chest wall, extrapleural drainage).

List the complication code first (998.59), then report the reason for the care (abscess), says Yetman.

There's no need to code for attention to dressings or wound vac because the complication code includes all aftercare, explains Yetman. Report a code to identify the infective organism if known in M0240c, she advises.