Home Health ICD-9/ICD-10 Alert

You Be the Coder: Secure Case Mix Points for Amputation Aftercare

Question: We are providing aftercare for a patient following the below knee amputation of his left leg. The patient is diabetic and has had the leg amputation due to diabetic peripheral angiopathy. How should we code for him?

Arizona Subscriber

Answer: Code for this patient as follows, **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O,** consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas.

Your primary reason for seeing this patient is to provide aftercare following his surgery. He had surgery to address the diabetic peripheral angiopathy (443.81) in his left leg. The appropriate aftercare code for surgery due to conditions classifiable to 390-459 is V58.73, so this is your primary diagnosis. The code referenced in the alphabetical index for "aftercare-amputation" could be used as an alternative -- V54.89 (Other orthopedic aftercare).

This V code as primary replaces a case mix code (250.70) which earns more points as a principal diagnosis and is part of an etiology, manifestation pair, so you'll list codes in both M1024 columns for this patient. List the diabetes first with 250.70 and follow this with 443.81 in the next M1024 column.

The surgery didn't resolve the patient's diabetes or his peripheral angiopathy, so you should list these codes again in M1022b and M1022c. In Appendix D of the OASIS-C Guidance Manual, the **Centers for Medicare & Medicaid Services** instructs you to sequence the underlying condition next after listing the V code so you should not move those diagnoses further down in M1022.

Finally, list V49.75 to indicate your patient's BKA status. Although you could arguably list 250.70 and 443.81 in the M1024 columns next to this code as well, CMS would consider it redundant coding, Selman-Holman says.