

Home Health ICD-9/ICD-10 Alert

YOU BE THE CODER: SEQUENCING MAKES THE DIFFERENCE

Question: Our patient was admitted for observation and teaching after surgery for colon cancer. She has a surgical wound with dressing changes and a new colostomy. She is being treated with radiation and has a second degree radiation burn on her abdomen. She also has hypertension and emphysema. How should we code for her?

-- Texas Subscriber

Answer: Sequencing is important in this scenario. You could list the right codes but miss out on case mix points and risk adjustment if you don't report them in the right order, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principle of Selman-Holman & Associates in Denton, Texas. For example, you could list:

- M0230a: V58.42 (Aftercare following surgery for neoplasm);
- M0240b: V58.31 (Encounter for change or removal of surgical wound dressing);
- M0240c: V55.3 (Attention to artificial openings; colostomy);
- M0240d: 153.9 (Malignant neoplasm of colon; unspecified);
- M0240e: 942.23 (Burn of trunk; blisters, epidermal loss [second degree]; abdominal wall); and
- M0240f: E879.2 (Other procedures, without mention of misadventure at the time of procedure, as the cause of abnormal reaction of patient, or of later complication; radiological procedure and radiotherapy). And then list the remainder of the diagnoses on the plan of care. In this case, you would receive points for the cancer and the burn. And, according to Attachment D, you would not need to use M0246 to list the underlying diagnosis code in this situation.

However, you could also sequence these codes differently, using official coding guidelines that allow the coder to re-sequence the conditions, says Selman-Holman. V code sequencing is discretionary aside from the principal diagnosis, so even though the aftercare V codes specify that you should add additional V codes to describe the aftercare, you don't necessarily need to put the V codes at the top of the list. Try this:

- M0230a: V58.42;
- M0240b: 153.9;
- M0240c: 942.23;
- M0240d: 401.9 (Essential hypertension; unspecified);
- M0240e: 492.8 (Other emphysema); and
- M0240f: V55.3 or V58.31.

And then list the remainder of the diagnoses on the plan of care.

In this case, you would still gain points for the cancer and the burn, but you would add points for the hypertension and the emphysema as well, Selman-Holman says. You also improve your risk adjustment for quality outcomes with this discretionary sequencing.

