

Home Health Coding and OASIS Expert

Reader Question: Settle this Joint Argument

Question: I'm hoping you can help settle a disagreement. My coworker and I can't agree on a primary diagnosis code for our new patient. The patient had a total hip revision due to a mechanical complication of the previous joint prosthesis. I want to use V54.81. My coworker recommends V54.82. It is not a staged procedure. Can you help settle our argument?

Maine Subscriber

Answer: The answer to your question depends on whether your patient has had a previous hip replacement surgery and whether there currently is a joint prosthesis in place. In your patient's case, the answer to both questions is yes. So, the appropriate codes, because your patient has had a revision, are V54.82 (Aftercare following explantation of joint prosthesis) and V43.64 (Hip joint replaced by other means). Your patient's previous joint prosthesis was removed and replaced.

If your patient currently had no joint prosthesis, you would also list V54.82. This code is appropriate when a patient has had a joint prosthesis removed prior to joint replacement surgery. This code, along with V88.2x (Acquired absence of joint) specifies that a joint prosthesis was explanted. These codes were added to ICD-9 to differentiate these patients with explanted joints from those who have one of "many other congenital and acquired causes of destruction of the hip or knee joint (including trauma, neoplasm, infection, etc)," according to the notes from the **ICD-9-CM Coordination and Maintenance Committee's** Sept. 15-16, 2010 meeting.

The AHA Coding Clinic for ICD-9-CM 4th quarter, 2011 also sheds some light on when it's appropriate to list V54.82. Report this code when patients are receiving aftercare following the removal of joint prosthesis. Such aftercare includes "encounters for joint replacement insertion surgery where it was necessary to stage the procedure or for joint prosthesis insertion following a prior explantation of the prosthesis."

Sometimes a patient must have an existing joint prosthesis removed due to an infection or some other problem, but it's not possible to replace the prosthesis at the same encounter, Coding Clinic explains. When this happens, the patient must have a return encounter to insert a new prosthesis. In these cases, list V54.82 along with the appropriate code from subcategory V88.2x (Acquired absence of joint) to specifically identify the joint.

Coding Clinic also offers advice about when to list V88.21 (Acquired absence of hip joint), V88.22 (Acquired absence of knee joint), and V88.29 (Acquired absence of other joint). These status codes indicate an acquired absence of a joint which may include joint prosthesis explanation.

For example: Include a V88.2x code when your patient is awaiting implantation of a joint prosthesis, Coding Clinic advises. When your patient's prosthesis has been removed to allow an infection to heal and the patient is admitted before completing the joint replacement procedure, you would list one of these codes.

When there is eschar present in the wound, does that mean a pressure ulcer is a Stage IV? If you cannot see or palpate muscle tissue, tendon or bone but eschar is present but not covering the wound bed, how would I report the stage?