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CONQUERING CASE MIX: HERE'S HOW TO MASTER OSTEOMYELITIS CODING

With diabetic patients, assume osteomyelitis is a manifestation.

If you're not coding osteomyelitis correctly, you could be costing your agency 11 case mix points.

When osteomyelitis is the focus of your care, report it as primary.

Example: You might be doing assessment and teaching, administering IV antibiotics or providing therapy to a patient with osteomyelitis. In this case you would report 730.xx (Osteomyelitis, periostitis, and other infections involving bone) as primary.

Caution: Don't be tempted to report V58.81 (Fitting and adjustment of vascular catheter) as primary when providing IV antibiotics to an osteomyelitis patient, says **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. "You shouldn't use the V code as primary if you are treating a current diagnosis," she says.

Code for a patient receiving IV antibiotics for osteomyelitis as follows, suggests Selman-Holman:

730.0x (Acute osteomyelitis);
V58.81 (Fitting and adjustment of vascular catheter);
V58.62 (Long-term [current] use of antibiotics).

Also, because osteomyelitis is an infection, remember to code the organism that caused it, if known. For example, if the causative organism is staphylococcus aureus, then add 041.11 (Staphylococcus aureus) as a secondary code after the osteomyelitis.

Don't Lose Points For Diabetic Osteomyelitis

If a patient has diabetes and osteomyelitis and there's no other cause for the osteomyelitis, you can assume it's a manifestation of the diabetes, says **Sparkle Sparks, MPT, HCS-D, COS-C**, with **OASIS Answers Inc.**

"Usually, if you think a manifestation is diabetic, you need to make sure you have the medical documentation from the physician to back it up. But with osteomyelitis, if there's no other reason for it, ICD-9 allows us to infer that it's due to diabetes," says Selman-Holman.

Coding a patient with diabetes and osteo-myelitis can be a little tricky, says Selman-Holman. If you look up 250.8x (Diabetes with other specified manifestations), you'll see the note "Use additional code to identify manifestation as: diabetic bone changes (731.8)." If you look up 731.8 (Other bone involvement in diseases classified elsewhere), you'll find a note that says "Code first underlying disease as: diabetes mellitus (250.8x)" and an additional note that reads "Use additional code to specify bone condition such as: acute osteomyelitis (730.00-730.09)."

So, for a diabetic patient who has osteomyelitis, Selman-Holman says you would code as follows:

250.8x (Diabetes with other specified manifestations);
731.8 (Other bone involvement in diseases classified elsewhere);
730.0x (Acute osteomyelitis).

Reporting osteomyelitis in M0230 will give you 11 points, while reporting diabetes in M0230 brings 17 points, says Selman-Holman.

Note: If the patient is diabetic, but the medical record states that he contracted osteomyelitis through some other means, such as an infected deer tick bite, you can't code it as a diabetic manifestation, says Selman-Holman.

Code Osteomyelitis In M0245 For Amputation

For a patient who has had an amputation as the result of osteomyelitis, you may want to report the diagnosis in M0245 for payment, says Selman-Holman.

Example: When providing aftercare for a patient who has had an amputation as the result of osteomyelitis, code V58.78 (Aftercare following surgery of the musculoskeletal system, NEC) in M0230 because the osteomyelitis has essentially been cut off, says Selman-Holman. Then report the osteomyelitis diagnosis in M0245. If the patient is diabetic, you would instead report the diabetes and the bone change in M0245 a and b, she says.