

# Coding and Documentation Tips for Amputations

Last revised: April 2024



The chronic conditions that are current and managed must be reported (and supported by the documentation for that date of service) **at least once each calendar year** for Centers for Medicare and Medicaid Services (CMS) to continue to count that condition towards the patient's overall risk level.<sup>1</sup>

- Because all the conditions reset at the beginning of each year, they need to be addressed and documented at least once a year for them to be counted.

Amputation status **cannot** be captured during the surgical phase.

- During the hospital stay in which the amputation occurred, the ICD-10-PCS codes would be used to report the procedure.
- Once the patient has been discharged, the Amputation Status code should be reported.

Amputations can be documented in many different places within an encounter note:

- HPI
- PE
- ROS
- PMH/PL

Because an amputation is a condition that is not curable, it is one condition that does not require MEAT/support to report.

- Make sure you are following your facility's coding guidelines. Each facility can have different requirements when reporting an amputation.

Amputation status is one of the most commonly missed conditions. This can happen for different reasons:

- Providers – Not addressing, or documenting the amputation status at least once annually
- Coders/Billers – Unfamiliar with CMS coding guidelines regarding amputation status
- Coders/Billers – Unfamiliar with facility specific coding guidelines
- Coders/Billers – Unfamiliar with where amputation status can be pulled from to code and/or report

## Examples:

- Physical Exam/Extremities – Left Below the Knee Amputation (BKA)
  - Because an amputation is permanent and does not “grow back” the above documentation is acceptable. In that case, **Z89.512 – Acquired absence of left leg below knee**, would be reported/coded.
- HPI – 75-year-old male here, history of dm, hypertension, ulcers, and left hallux amputation.
  - The mention of the amputation is acceptable so **Z89.412 – Acquired absence of left great toe**, would be reported/coded.

\*Because of the nature of amputations, MEAT/support is not required to report/code the diagnosis. \*

<sup>1</sup> “Risk Adjustment and Hierarchical Condition Category Coding and Auditing,” Find-A-Code, December 2, 2017  
COA-24733170-0416