Dermatology Coding Alert

Reader Question: V67.00 Accurately Describes Follow-Up After Surgery

Question: If a patient receives treatment and the condition was resolved, which ICD-9 code should I report if the patient returns in six months for a follow-up visit?

South Carolina Subscriber

Answer: The most accurate way to code visits to follow up on treatment for a previous condition is to report a V code as the primary diagnosis, with the condition that the dermatologist is following up on as the secondary diagnosis. You can find the follow-up V codes in the V67.x series in the ICD-9 manual. Although none specifically mention eye treatments, these are some examples of V codes that might be applicable:

- V67.00 -- Follow-up examination; following surgery, unspecified
- V67.59 -- ... following other treatment; other
- V67.6 -- ... following combined treatment
- V67.9 -- ... unspecified follow-up examination.

Beware: There is a false belief that many payers won't accept a V code as a primary diagnosis that proves medical necessity. This is simply not true and it is not appropriate to report a diagnosis that is no longer active for the purposes of getting paid. However, until the doctor pronounces the patient cured, the condition is still the reason for follow-up. Use the V code as a secondary diagnosis, because it provides additional information for the office visit.

Best bet: Check with your payers for their policies on sequencing ICD-9 codes for follow-up visits. Your payer may interpret a follow-up visit as routine and thus not reimbursable. In these cases, it may be necessary to obtain an ABN from the patient to obtain reimbursement directly from the patient in the event that the payer denies the claim.