

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: How Much Do You Know About V Codes? Find Out Fast

Test your diagnosis coding knowledge with these 4 questions

If you think V codes are only for providing supplemental information, think again. You could be facing denials or lower payments because you're avoiding V codes. They are, in fact, key elements to correct coding practices.

Take this quiz and see how you score when it comes to the nuts and bolts of V codes.

QUIZ QUESTIONS:

1. You can use V codes as primary diagnosis codes--true or false?
2. You should only use V codes to represent -history of- diagnoses--true or false?
3. What diagnosis code should you use when a Medicare patient presents for a screening prostate-specific antigen test?
4. Is your use of V codes limited by the place of service?

Think first: Take a moment to consider your responses and then compare them to the expert answers given below.

QUIZ ANSWERS:

1. V Codes As Primary Diagnosis Codes?

Answer: True.

Reality: Many coders believe that V codes are only appropriate as secondary codes, but contrary to what you might have been told in the past, you may--and, on occasion, should--report V codes as a primary diagnosis.

Tip: Certain versions of the ICD-9 manual will indicate if you may report a V code as a primary or secondary diagnosis code with the indicators -PDx- (primary) and -SDx- (secondary) next to the code descriptor. If the code has neither a -PDx- nor an -SDx- designation, you may use that V code as either a primary or secondary diagnosis code, according to ICD-9 instructions.

Note: Payors may be more likely to deny claims that list a V code as the primary diagnosis on the claim, says **Michael A. Granovsky, MD, CPC, FACEP**, vice president of **MRSI**, a coding and billing company in Stoneham, Mass. But you can't choose your codes based on payment.

Resource: You should follow the official coding guidance available at www.cdc.gov/nchs/datawh/ftpserver/ftp/cd9/icdguide06.pdf. **2. V Codes Only For -History Of- Diagnoses?**

Answer: [False.](#)

Reality: [V codes are your keys to documenting chronic conditions or underlying physical or social circumstances that can affect a patient's current health status or treatment. ICD-9 classifies V codes into four general categories:](#)

[- When a person who is not sick encounters the health services for some specific purpose, such as to act as the donor of an organ or tissue, to receive a prophylactic vaccination, to discuss a disease or injury or to undergo a screening exam.](#)

- When a person with a known disease or injury, whether it is current or resolving, encounters the healthcare system for a specific treatment of that disease or injury (for instance, dialysis for renal disease, chemotherapy for malignancy, cast change).

- When a circumstance or problem influences the patient's health but is not itself a current illness or current injury.

- Newborns, to indicate birth status. **3. How To Code For A Screening Prostate-Specific Antigen Test?**

Answer: You should report V76.44 (Special screening for malignant neoplasms; other sites; prostate) per CMS guidelines for this screening benefit.

Why: For payment of HCPCS code G0103 (Prostate cancer screening; prostate specific antigen test [PSA], total), as well as HCPCS code G0102 (Prostate cancer screening; digital rectal examination), you must use the diagnostic ICD-9 code V76.44, according to CMS rules. **4. Does Place Of Service Limit V Codes?**

Answer: No.

Reality: You can use V codes for services performed in any healthcare setting. You can use V codes in both inpatient and outpatient settings.

Don't miss an opportunity: -I really believe reporting V codes is underutilized, especially in the outpatient setting,- says **Mary Mulholland, BSN, RN, CPC**, a reimbursement analyst for the office of clinical documentation at the **University of Pennsylvania's** department of medicine in Philadelphia.