

## Part B Insider (Multispecialty) Coding Alert

### PART B MYTH BUSTER: Don't Let "Unacceptable" List Scare You Away From "V" Codes

**Mistake:** Listing preop "V" codes as primary without including secondary diagnosis

**Myth:** You can never use -V- codes from Medicare's -unacceptable principal diagnosis- edit list as a primary diagnosis.

**Reality:** This edit list applies for inpatient Medicare coding only, says **Jeffrey Linzer, Sr.**, associate medical director for compliance and business affairs at **EPG--Children's Healthcare of Atlanta** at Egleston.

Medicare limits many -V- codes to secondary status for inpatient coding because most -V- codes don't describe the patient's current illness or injury--which is almost certainly the reason for inpatient status.

**Exception:** Part B carrier **Empire Medicare Services** says in a Sept. 2002 bulletin that you can bill preoperative exam codes V72.81-V72.84 as a primary diagnosis, even though those codes are on the -unacceptable primary diagnosis- list. But you must have a secondary diagnosis that explains further why the patient needs a preop exam, Empire cautioned.

Also, new ICD-9 codes V18.51-V18.59 and V82.71-V82.79 are on Medicare's -unacceptable principal diagnosis- list. These are codes for a family history of colon cancer, or for screening for genetic disease carrier status. But you may still be able to use the codes as the primary diagnosis, when appropriate, in outpatient or non-hospital patient settings.

**In fact:** ICD-9 Official Guidelines for Coding and Reporting lists these as -V- codes -which may be either principal/ first-listed or additional codes.-

**Caution:** You should not use -V- codes as the principal/first-listed diagnosis if the ICD-9 guidelines list them as - additional only- codes. The ICD-9 manual lists these new -history of- codes with an -SDx- indicator. Also, Medicare has added V18.51-V18.59 and V82.51-V82.79 to its non-covered list, meaning you can never list them as primary diagnoses for Medicare.