

Eli's Rehab Report

Reader Question: V Code and Therapy

Question: When billing for speech, OT, or PT, and the notes don't reflect a diagnosis, can I use the V code for speech therapy, or are these visits not billable? The services are rendered, but there is no mention of the original diagnosis.

Colorado Subscriber

Answer: It is highly unlikely that Medicare will reimburse you for the V code as the primary diagnosis. In fact, the section of the ICD-9 manual that includes these codes (V57, care involving use of rehabilitation procedures) states, Use additional code to identify underlying condition. Most Medicare policies list applicable ICD-9 codes for diagnoses under their therapy CPT codes, and the V codes are not listed under any LMRPs that we have reviewed.

Rather than using the V codes for physical therapy (V57.1), occupational therapy (V57.2-V57.22) and speech therapy (V57.3), use the patient's chart to determine why he was referred to the therapist in the first place. Talk to the therapist or the prescribing physician to find out what type of diagnosis caused the need for therapy. After all, when the claim gets rejected, you must do the legwork to determine the accurate ICD-9 code, so in the long run it saves time to do the extra research now.

For example, the patient might have prostate cancer, but the actual reason for therapy might be gait disturbance.

The best way to code this is with V code V57.1 followed by the code for gait disturbance, 781.2. But most payers do not necessarily require the V code.