Home Health ICD-9/ICD-10 Alert

Coding 101: Are You Missing The Boat On Aftercare Coding?

Follow these 4 steps to get on board.

If you're not sure when to use aftercare codes, you may be coding episodes incorrectly, leading to over or under-reimbursement.

Agencies that are underusing V codes usually don't yet understand what is included in this code set, says **Karen Vance**, senior consultant with **BKD** in Springfield, MO.

And once coders start overusing V57.1 - designating physical therapy as primary - agencies have trouble learning to use other aftercare codes as primary when multiple disciplines are visiting the patient for different aspects of aftercare, reports senior consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen Health Care Group**. Codes such as aftercare following orthopedic surgery or aftercare following surgery for trauma may more accurately describe an episode, she suggests.

One way to look at "true" aftercare codes is to recognize that they "encompass assessment and teaching," explains consultant **Lisa Selman-Holman** with Denton, TX-based **Selman-Holman & Associates**. The manual's notes associated with these aftercare codes often instruct you to code other aftercare codes to fully identify the reason for the aftercare encounter, she says.

Because nursing care involves assessment, decision-making and intervention, Selman-Holman prefers to code the broader aftercare code first and then the more specific intervention code, she tells **Eli**.

For example, she would code the aftercare for surgery code before the more specific code for attention to surgical dressings, unless the only thing you are doing is changing dressings. Or first put the code for why the patient needs an IV, before coding the fitting and adjustment of the vascular device, she recommends, unless the only thing you are doing is flushing it to keep it open or changing the dressing on the IV.

What to do: Use aftercare ICD-9 diagnosis codes when the patient is no longer receiving initial treatment for the injury or disease, but instead needs continued care for long-term results of the injury or disease or to complete the healing process, Adams instructs. Surgery may have eliminated the disease, or the acute phase may be over.

For example, when a patient is admitted to homecare following a fracture, rather than coding the initial fracture - which you probably aren't treating in the home - you should use an aftercare code. These could include V54.1 codes for aftercare for healing traumatic fractures or the V54.2 codes for aftercare for healing pathologic fractures.

Warning: Don't use an aftercare code if the treatment plan is focused on a current or acute disease or injury. You may be providing wound care following a toe amputation, but the real focus of care could be the patient's out-of-control diabetes.

Follow These 4 Steps To Success

Experts offer these tips for using aftercare codes:

1. Look at the whole patient. Don't use an aftercare code as primary if the patient has a post-operative wound infection, a wound dehiscence or other acute condition that is the focus of care. Instead you would code for the condition itself.

2. Check for an underlying medical condition. When you use an aftercare code, remember to also code the underlying medical diagnosis if it still exists. For example, a patient may be receiving aftercare following bypass surgery, but the surgery does not eliminate the underlying cardiovascular disease.

3. Remember M0245. If an aftercare code replaces one of the diabetic, neurological, burn/trauma or orthopedic case mix codes that would have been primary when HHAs couldn't use V codes, remember to put that case mix code in M0245 to secure reimbursement.

4. Go back to the basics. Identify the conventions your coders are most confused about. Focus on clinical reasoning to determine the condition, symptom, aftercare or encounter code that best describes how the patient looks and why you are providing home care.