

Home Health ICD-9/ICD-10 Alert

Coding How-To: Is Your Aftercare Coding Hijacking Your Reimbursement? What You Need To Know

Watch your sequencing or pay the price.

You can -- and should -- use V codes when they best describe the care your agency provides. But if you misuse these codes, you could be putting your claims at risk.

The problem: Increased use of V codes may have had a negative impact on the data used to create the proposed refinements to the Home Health Prospective Payment System (PPS), says the **Centers for Medicare & Medicaid Services** (CMS). Allowing V codes on the OASIS along with overuse of V codes could have lowered the frequencies of non-V code, numeric diagnosis codes for the clinical conditions CMS proposes to use in the case mix model.

"CMS is saying that overuse of V codes significantly lowered the use of non-V code numeric diagnosis codes in their sample, so they're not so sure that their data is correct," says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX.

Reimbursement impact: When coding doesn't give specifics about what's really wrong with a patient, it's difficult for CMS to correlate the resource utilization and payment, **Cindy Krafft, MS PT, COS-C**, consultant with **UHSA** said in her recent Eli audioconference, "PPS Refinements -- The New Therapy Thresholds." When details are boiled down into the "very simple buckets" that V codes provide, the data doesn't accurately describe the diversity of the patients, she said.

Don't List An Aftercare V Code When Caring For An Acute Diagnosis

Because home care agencies are so often providing aftercare, coders may have a tendency to overuse the aftercare V codes.

When you get a referral from a doctor, you can't assume you need to list an aftercare V code, notes Grand Rapids, MI-based consultant **Arlene Maxim** with **Healthcare Management Consultants**. You may need to list an acute diagnosis code instead.

For example: If your patient has a urinary tract infection due to a catheter, you should list an acute diagnosis code such as 996.64 (Infection and inflammatory reaction due to indwelling urinary catheter) rather than V53.6 (Fitting and adjustment of urinary catheter).

Aftercare V codes cover situations when "the initial treatment of a disease or injury has been performed and the patient requires continued care during the healing or recovery phase" or the patient requires care "for the long-term consequences of the disease," said home health coding expert **Sparkle Sparks** with Redmond, WA-based **OASIS Answers**, during her recent **Eli** audioconference, "The Dos And Don'ts Of Coding Surgical Patients & Post-Op Care."

Avoid: Don't list an aftercare V code when "treatment is directed at a current, acute disease or injury," Sparks said.

Sequencing tip: When it's appropriate to list an aftercare V code, you'll usually list it as primary to explain the specific reason for the encounter, Sparks said. But V codes may sometimes be listed in a secondary position when you're providing aftercare in addition to the reason for admission and no diagnosis code is applicable, she said.

For example: If you were providing teaching or direct care of a new colostomy in addition to the treatment of another condition, you could list V55.3 (Attention to artificial openings; colostomy) as a secondary code.

Increase Your V Coding Accuracy With These Guidelines

Certain aftercare V code categories require an additional code to describe the resolving condition or sequelae, Sparks points out. You can list other V codes only as primary or only as secondary diagnoses. It's important to read the notes in your ICD-9 coding manual to make certain you're coding fully and accurately.

Dire consequences: One consultant tells of an agency that was listing codes from the primary-diagnosis-only V57.x (Care involving the use of rehabilitation procedures) category inappropriately as secondary diagnoses. As a result, the agency is under 100 percent medical review and has lost significant reimbursement on the inaccurately coded claims.

Refinements May Encourage V Code Overuse

While the current PPS system only gives case mix points for primary diagnoses replaced by V codes, the proposed refinements allow home health coders to gain points for secondary diagnoses replaced by V codes as well.

This change may encourage coders to use even more V codes rather than reporting more appropriate medical conditions, cautions **Judy Adams, RN, BSN, HCS-D, COS-C**, with LarsonAllen in Charlotte, NC.

Remember: The acute care code trumps the V code, Adams says. And if you code the acute care code directly on the OASIS form, you'll still get the case mix points.

Caution: Allowing coders to list additional diagnoses replaced by V codes in the proposed new OASIS item M0246 won't solve the V code overuse problem, Selman-Holman says. "Overuse of V codes has sabotaged your risk adjustment, and with the new proposed PPS, overuse of V codes will sabotage your payment," she says.

Sequencing tip: You can't risk adjust off V codes, Adams cautions. So, if the focus of your care is the result of a condition that has been corrected by surgery or is no longer present for another reason, list the appropriate V code as primary. But if you are simply including V codes for additional information, you can place them later on in your cascade of codes.

Note: You can order CDs or transcripts of the audioconferences mentioned in this article at www.audioeducator.com or by calling 1-800-874-9180.