

## Home Health ICD-9/ICD-10 Alert

### Coding How-To: Prevent These Therapy Coding Mistakes and Gain Case Mix Points

#### Misuse of dressing codes could cost you big.

Listing a V57.x (Care involving use of rehabilitation procedures) code when it's not appropriate is still one of the most common home care coding mistakes. Make sure your agency isn't losing out on reimbursement and risk adjustment because of this frequent therapy coding error.

Coders shouldn't list a V57.x therapy code in M0230 when nursing is also going to the home, says **Trish Twombly, RN, BSN, HCS-D, CHCE**, director of coding with Foundation Management Services in Denton, Texas.

Many agencies are stuck thinking that if therapy is involved, they must list a V57.x code, says Twombly. But that's pre-2005 thinking, she cautions. Coding guidelines for the V57.x codes changed in 2005, making these codes appropriate for therapy-only situations.

Agencies reporting V57.x codes for patients who are also receiving skilled nursing are incorrectly coding; plus, it's costing them a space on the OASIS that could potentially increase case mix points and positively affect risk adjustment, Twombly says.

**Coding scenario:** Your patient was admitted for ataxia of unknown cause. Therapy will work with balance problems and will be the primary discipline this certification period. Nursing will also see patient for hypertension (HTN), chronic asthma, and a current urinary tract infection (UTI). A coder who overuses the V57.x codes might code for the patient as follows:

- M0230a: V57.1 (Other physical therapy);
- M0240b: 781.3 (Lack of coordination);
- M0240c: 401.9 (Essential hypertension; unspecified);
- M0240d: 493.20 (Chronic Asthma); and
- M0240e: 599.0 (Urinary tract infection, site not specified).

This coding is incorrect. In this scenario, nursing is also seeing the patient so this is not an admission for an encounter with therapy only, Twombly says. You should not use V57.1 at all for this patient. Instead, the correct codes are as follows:

- M0230a: 781.3;
- M0240b: 401.9;
- M0240c: 493.20; and
- M0240d: 599.0.

This coding leaves two more spaces, M0240e and M0240f, open for additional diagnoses the patient may have that may

add to the case mix score and to risk adjustment.

**Another scenario:** Your patient is admitted for physical therapy only due to gait issues caused by the malunion of an old femur fracture. Nursing will not see the patient. To code for this patient, list the following codes, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of Selman-Holman & Associates in Denton, Texas:

- M0230a: V57.1;
- M0240b: 733.8 (Malunion of fracture); and
- M0240c: 905.4 (Late effect of fracture of lower extremities).

In this case, it is appropriate to list a V57.x code because the situation is therapy-only.

### Don't Under-Report Your Care

Another common coding mistake is misusing the V58.3x (Attention to dressings and sutures) codes, Twombly says. If your agency is caring for a patient who has had surgery, and you're providing dressing changes, don't be tempted to list a V58.3x code in M0230, she cautions.

The real reason your agency is seeing the patient is to provide aftercare following the surgery. While your staff is caring for this patient, one of the things you'll do is provide dressing changes, but this isn't the only reason you're seeing the patient, Twombly says. Listing a V58.3x code in M0230 provides a limited picture of the care you're providing.

A new official coding guideline states, "After-care codes should be used in conjunction with any other aftercare codes or other diagnosis codes to provide better detail on the specifics of an aftercare encounter visit, unless otherwise directed by the classification," Selman-Holman points out. So you should sequence the aftercare following surgery to indicate that you are providing assessment and teaching.

**Tip:** The guidelines continue with, "The sequencing of multiple aftercare codes is discretionary." So, if you're providing aftercare following surgery for injury and trauma, you would list V58.43 (Aftercare following surgery for injury and trauma). In addition, you would list V58.31 (Encounter for change or removal of surgical wound dressing) for the dressing changes, and V55.0 (Attention to artificial openings; tracheostomy) for the tracheostomy care, Selman-Holman says.

You should add these V codes to the list of diagnoses to specify the aftercare; however, you can choose whether to sequence them right under the aftercare-following-surgery code or further down in the list, Selman-Holman says. In this case, considering that the V55.0 code is a case mix code, you might decide to keep it in the first six diagnoses, but the V58.31 only adds information about the care you're providing (the reason for the encounter).

**Tip:** When providing surgical aftercare, list the appropriate aftercare V code for the type of surgery your patient received in M0230. You can list the V58.3x code later on in your code list.

If you list the V58.3x code in M0230 when you're providing aftercare, you're not only coding incorrectly, but you're also painting an inaccurate picture of the care you provide, and you're taking up an OASIS diagnosis code line that could be used to gain case mix points and risk adjustment.

**Coding scenario:** Your patient is being admitted for aftercare of surgery for a cholecystectomy due to cholecystitis. Nursing will be doing dressing changes of surgical site. The patient also has coronary artery disease (CAD), congestive heart failure (CHF), hypertension (HTN), depression, and osteoarthritis. To code correctly for this patient, list the following codes, Twombly says:

- M0230a: V58.75 (Aftercare following surgery of the teeth, oral cavity, and digestive system, NEC);
- M0246: 575.10 (Other cholecystitis);

- M0240b: 414.00 (Coronary atherosclerosis; of unspecified type of vessel, native or graft);
- M0240c: 428.0 (Congestive heart failure, unspecified);
- M0240d: 401.9 (Essential hypertension; unspecified);
- M0240e: 311 (Depressive disorder not elsewhere classified); and
- M0240f: 715.90 (Osteoarthritis, unspecified whether generalized or localized; site unspecified).

Other diagnoses: V58.31 (Encounter for change or removal of surgical wound dressing).

Listing V58.31 as the primary code in this scenario would bump one of the numerical diagnoses and result in loss of risk adjustment.