

Home Health ICD-9/ICD-10 Alert

CODING HOW-TO: SUPPORT THERAPY CLAIMS WITH NEW HISTORY OF FALL CODE

Don't use V15.88 as a primary diagnosis.

As of Oct.1, new V code V15.88 (History of fall, at risk of falling) offers you a better way to track and plan care for patients who suffer from frequent falls.

More than one-third of adults aged 65 or older fall each year, the **National Center for Injury Prevention and Control** (NCIPC) at the **Center for Disease Control** (CDC) reports on its Web site. Of those falls, 20 percent to 30 percent suffer moderate to severe injuries such as hip fractures or head traumas, according to NCIPC.

People who report they have fallen in the past year or who have a history of falls are more likely to be seriously injured in a fall, the CDC reports in the notes from the Oct. 7-8, 2004 ICD-9-CM Coordination and Maintenance Committee Meeting. For this reason, it joined with CMS to establish this new personal history V code to record a history of falls. The code may also be used to describe someone at risk for falls.

Identify Those At Risk

With this new code, the CDC hopes to be able to collect more epidemiological data about the prevention of falls, help to identify patients at risk for falls, perform studies measuring quality of care, and help justify ordering preventative care for the elderly and other age groups that might help prevent falls, **Judy Adams, RN, BSN, HCS-D**, with Charlotte, NC-based **LarsonAllen Health Care Group**, told listeners during the Sept. 22 Eli Research teleconference "2006 ICD-9 Coding Update for Home Health."

Home health agencies will find this code useful for supporting physical therapy evaluations, says **Lynn Yetman, RN, MA, HCS-D, COS-C, LNC**, with **Reingruber & Company** in St. Petersburg, FL.

Report V15.88 To Support Care

History codes tend to be secondary diagnoses, rather than primary diagnoses, particularly in the home health setting, says Adams. V15.88 is best used to support the need for skilled care.

The following scenarios illustrate how V15.88 can be used to support aftercare and physical therapy.

Example 1: A patient has been referred to home health for physical therapy because he has had several recent falls. There is no specific medical diagnosis. You would code for this scenario as follows:

M0230a: V57.1 (Other physical therapy)

M0240b: V15.88 (History of fall, at risk for falling).

Better: Once the therapist has done the evaluation and determined what is causing the falls--whether it's abnormality of gait, polyneuropathy, generalized weakness, vertigo or some other condition--code the cause of the falls as the secondary diagnosis and follow that with V15.88, says Adams.

Example 2: Your patient fell at home, sustaining a traumatic fracture of the hip (820.8). She has been referred to home health for aftercare with nursing and physical therapy. You should code this scenario as follows:

M0230a: V54.13 (Aftercare for healing traumatic fracture of the hip)

M0240b: V57.1 (Other physical therapy)

M0240c: V15.88 (History of fall, at risk for falling)

M0240d: E888.9 (Fall, NOS)

M0240e: E849.0 (Place of occurrence--home)

M0245a: 820.8 (Fracture of hip NOS).

Both nursing and therapy are providing aftercare, so it should be coded as primary, says **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. Report other aftercare codes to identify fully the reason for the aftercare--in this case the therapy, she says. The risk for falls is one of the reasons therapy is required and aftercare will include evaluation of safety and teaching.

The E codes for fall, NOS and fall at home are optional but help to indicate that there was an injury as a result of the fall, says Selman-Holman.

The acute traumatic fracture can be placed in M0245 as a case mix diagnosis. It cannot be placed in M0240 because it is inappropriate to code an acute traumatic fracture on the plan of care, says Selman-Holman. Some coders may be tempted to use the symptom code for abnormality of gait instead of the fracture code, however, in this case, the care is directed at all aspects of the fracture, not just the gait.

Tip: If you do have a patient who has a tendency to fall because of a particular medical condition, be sure to code the medical condition associated with fall tendency as at least a secondary diagnosis, says Adams. For instance, patients with Parkinson's disease (332.0) have a tendency for falls.

Track Patients With V15.88

"Knowing about a history of a fall helps to identify people at risk for fall-related injuries who don't have other risk factors. Once patients with a history of falls or other risk factors are identified, interventions are effective in lowering the incidence of falls that result in serious injury," says **Ann Zeisset, RHIT, CCS, CCS-P** with the **American Health Information Management Association** in Chicago.

Code V15.88 will aid in tracking and caring for patients who have a history of falling, says Selman-Holman. When agencies that use electronic record systems begin reporting this code in the plan of care where appropriate, they'll be able to quickly pull up patients at risk for falls, investigate the cause of the falls, and provide them with care aimed at reducing that risk--thus improving their outcomes, she says. This code can also help in tracking which interventions work and which don't.

Opportunity: In the past, some home health agencies have used an E code from the E880-E888 range (Accidental falls) to indicate that a patient has a history of falling, even when they aren't reporting an injury, says Selman-Holman. This is incorrect coding because E codes are used to indicate how a patient received an injury. Now agencies can code and track these patients correctly with V15.88. Nurses should pay special attention to safety in the home environment for patients with a history of falls, says Yetman. Reporting V15.88 will help flag those patients.

Tip: Before planning interventions for a patient who has a history of falls, make sure you know the cause of the falls, advises Selman-Holman.

Providing safety training to every patient who has a history of falls isn't the best course of action, experts say. For example, intervention plans for a patient who has been tripping over scatter rugs should be different from those established for a patient who falls because his Darvocet makes them dizzy or he forgets to use his walker.