

Home Health ICD-9/ICD-10 Alert

CODING HOW-TO: TURN THE TABLE ON THERAPY CODING WITH NEW OFFICIAL CODING GUIDELINES

Look for V57.89 to become more popular.

News that you can no longer list some old favorite therapy V codes as secondary diagnoses has some home care coders feeling as though they've lost a dear friend.

Codes in the V57.x (Care involving use of rehabilitation procedures) category have moved from their old home in the "First or Additional" list of the V Code Table to a new place on "First Listed" list per the updated ICD-9-CM Official Guidelines for Coding and Reporting. This change, which was effective Dec. 1, means V57 series codes can now only be listed as primary.

V57.1 (Other physical therapy) is one of home care's most-reported diagnosis codes, and many home health agencies are worried over how to code for therapy services.

"Take a deep breath and realize that it really isn't that different," advises **Sparkle Sparks, MPT, HCS-D, COS-C**, San Francisco, CA-based consultant with OASIS Answers Inc. Before October 2003, V codes were off-limits to home health, so you can look back to the way you coded in those days as a guide for handling this change, she says.

Example: You have a multidisciplinary case where nursing, physical therapy, and occupational therapy will be caring for a patient who is experiencing an exacerbation of her MS. Nursing will be adjusting the medication, and occupational therapy will be focused on addressing the increased muscle weakness. Physical therapy will be assisting the patient with abnormality of gait.

To code for this patient before Dec. 1 when the new guidelines went into effect, you would have reported:

M0230a: 340 (Multiple sclerosis);
M0240b: V57.21 (Encounter for occupational therapy);
M0240c: 728.87 (Muscle weakness [generalized]);
M0240d: V57.1 (Other physical therapy); and
M0240e: 781.2 (Abnormality of gait).

As of Dec. 1, to code for this patient, simply leave out the V codes, says Sparks. "Is there a V code for nursing? No. Then why are you worried about having a V code for therapy?" she asks. You don't need to use a V57 series code to indicate therapy is seeing the patient; the diagnoses of muscle weakness and abnormality of gait show therapy is there, she says.

Worried about impact on billing? Don't be, says **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. "The Regional Home Health Intermediaries will still know when therapy has been provided by the revenue codes and visits logged on the final claim," she says.

Use V57 For Primary Rehab Care

If you are providing rehabilitation services alone for a resolving disease or injury, or a chronic, long-term condition requiring continuous care, then you should report the appropriate V57 code as primary, says Selman-Holman.

If you are addressing a current, acute diagnosis, then you should code that diagnosis as primary, says Selman-Holman. In that case, according to the new guidelines, you shouldn't list a V57 code at all, she says.

Do this: When coding for physical therapy, instead of automatically reaching for V57.1, read the plan of care to see which diagnoses are the roots of the patient problems therapy will be addressing, says Sparks. If the patient was only referred for physical therapy, and that's truly the primary focus of care, go ahead and code V57.1 as primary, she says. If physical therapy is not the primary focus of care, leave V57.1 off, but still code what the therapy is addressing, she explains.

Mistake: Some coders may misread the new guidance to mean that any time therapy is provided it must be coded as primary. This change does not mean that each time you provide therapy, you must report the corresponding V57 code as primary, explains Selman-Holman.

Enjoy More Room In M0240

With V57 series codes no longer accepted as secondary diagnoses, there's more room for other codes in M0240. This is good news for coders frustrated by not having room to report all of the pertinent diagnoses for more complex patients such as those who are recovering from strokes, says Sparks.

Because risk adjustment isn't impacted by V codes, having more spots for other numerical diagnoses at M0240 will help to improve risk adjustment on the diagnoses and possibly impact outcomes, says Selman-Holman.

Don't Overuse V57.89

"Now that we can only code the V57 codes in M0230, if we are providing more than one therapy, then we will be more likely to use V57.89 (Multiple training or therapy) as primary," says Selman-Holman.

Code V57.89 will probably start to be over-used and used incorrectly, predicts Sparks. "If you have multiple disciplines [involved], you're probably managing a disease process and the disease process or injury or aftercare code should come first," she says.

Try this: Ask yourself why the patient needs those multiple therapies in the home. "If the answer is they had a stroke, or they were in an automobile accident, or they have Parkinson's disease or they had a knee replacement, then that's what you should be coding," says Sparks. "If you name a bunch of symptoms, and you don't know why they're present, then V57.89 may be your code," she says.

Note: To see the ICD-9-CM Official Guidelines for Coding and Reporting, go to www.cdc.gov/nchs/datawh/ftp/ftp9icd9/icdguide05.pdf.