

Home Health ICD-9/ICD-10 Alert

Coding TIP: Add Up Your Therapy Claims With These Coding Equations

Learn when therapy-only doesn't mean 'no nursing.'

Until something definitive in writing on the use of V57.x codes comes from the **Centers for Medicare & Medicaid Services** or appears in the **American Hospital Association's** Coding Clinic for ICD-9-CM, many home care agencies exclusively list codes from this series for therapy-only patients.

If you fall into this camp, **Jun Mapili, PT, MAEd**, rehab therapies supervisor for **Global Home Care** in Troy, MI, shares the following coding equations to help you decide when to use a V57.x code and which one to use.

- Physical therapy + occupational therapy + no nursing = V57.89 (Multiple training or therapy) as primary.
- Speech therapy + physical therapy + no nursing = V57.89 as primary.
- Speech therapy + occupational therapy + no nursing = V57.89 as primary.
- Speech therapy + no physical therapy + no nursing + no occupational therapy = V57.3 (Care involving use of rehabilitation procedures; speech therapy) as primary.
- Physical therapy + no nursing + no other therapy = V57.1 (Care involving use of rehabilitation procedures; other physical therapy) as primary.
- Occupational therapy + no other skilled disciplines involved in the recertification = V57.21 (Encounter for occupational therapy) as primary.
- Speech therapy + nursing = List the underlying or proximate diagnosis as primary.
- Physical therapy + nursing = List the underlying or proximate diagnosis as primary.
- Physical therapy + occupational therapy + nursing + speech therapy = List the underlying or proximate diagnosis as primary.

Don't miss: If your agency uses a nurse to admit a patient for therapy services, the case can still qualify as therapy-only, Mapili says. Doing an admission (completing the OASIS, signing documents and completing initial comprehensive documentation) for the therapy is not a qualifying service under the home health PPS, so using a V57.x code is still appropriate in this scenario.

Another twist: Even if your agency is providing home health aide services in addition to therapy, you still have a therapy-only case. If your therapists are unable to supervise the aide according to your state practice acts, providing an RN to supervise is an administrative cost and not billable as a skilled visit.

If venipuncture is the only skilled service provided by the nurse, and therapy is the qualifying service, the case is still a rehabilitation case, and the V57.x codes would apply, notes Mapili. Venipuncture or blood draw done by a nurse is a skilled procedure, but not a Medicare qualifying service, he says.

Heads up: If you know about the entry of the nurse at the start of care, then the RN must perform the OASIS.