Home Health ICD-9/ICD-10 Alert

CODING TIP: KEEP V CODES FROM JEOPARDIZING RISK ADJUSTMENT

If you don't consider risk adjustment when including V codes in your reporting, you could wind up with technically accurate codes but inaccurate risk adjustment.

Example: Your patient had surgery for colon cancer. Your orders include wound care and colostomy care. The patient will continue to have treatment for colon cancer, has metastasis to the liver, and also has dehydration and hypertension.

V58.42, for aftercare following surgery for a neoplasm, is the primary diagnosis because the aftercare following surgery is the chief reason for this patient's admission. You have two options to choose from for what to code next:

Option 1: Report V58.42 as primary and follow this with the diagnoses for the colon cancer, the metastatic liver cancer, dehydration, hypertension first and, finally, the V code for attention to surgical dressings. To select this option, you would code as follows:

M0230a: V58.42 (Aftercare following surgery for neoplasm)
M0240b: 154.0 (Malignant neoplasm of rectum, rectosigmoid junction, and anus, rectosigmoid junction)
M0240c: 197.7 (Secondary malignant neoplasm of respiratory and digestive systems, liver, specified as secondary)
M0240d: 276.51 (Dehydration)
M0240e: 401.9 (Essential hypertension, unspecified)
M0240f: V58.3 (Attention to surgical dressings and sutures)
Other pertinent diagnoses: V55.3 (Attention to artificial openings, colostomy).

Option 2: Report V58.42 as primary and follow this with the V codes for attention to surgical dressings and colostomy care. Then list the colon cancer, the metastatic liver cancer, dehydration and hypertension. To select this option, you would code as follows:

M0230a: V58.42 (Aftercare following surgery for neoplasm)
M0240b: V58.3 (Attention to surgical dressings and sutures)
M0240c: V55.3 (Attention to artificial openings, colostomy)
M0240d: 154.0 (Malignant neoplasm of rectum, rectosigmoid junction, and anus, rectosigmoid junction)
M0240e: 197.7 (Secondary malignant neoplasm of respiratory and digestive systems, liver, specified as secondary)
M0240f: 276.51 (Dehydration)
Other pertinent diagnoses: 401.9 (Essential hypertension, unspecified).

Both options are correct coding because V code sequencing is discretionary, says **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C,** consultant and principal of **Selman-Holman & Associates** in Denton, TX. However, V codes do not contribute to risk adjustment, so Option 1 provides more risk adjustment to your outcomes, she says. Only the diagnoses placed in the M0 spaces get risk adjustment. By pushing the numeric diagnoses down the list (and off the list in Option 2), you are losing out on some risk adjustment although the coding is technically correct.

Risk adjustment is a statistical process. It is used to identify and adjust for variation in patient outcomes that stem from differences in patient characteristics or risk factors from one agency to the next.