

Home Health ICD-9/ICD-10 Alert

CONQUERING CASE MIX: Protect Your Claims From Costly V Code Errors

Hint: Coding guidelines are not the only rules that matter.

If you find yourself using V57.1 more than any other code, you're not alone. But that doesn't mean you are coding correctly.

Home health agencies are focusing on a new industry buzz word - "critical thinking" - and nowhere is the notion more important than in diagnosis coding.

The transition to V codes for diagnosis coding is one of the changes that has caused the most problems for agencies, said **Cheryl Pacella**, with the **Visiting Nurse Association of Boston**, speaking at the October annual meeting of the **National Association for Home Care & Hospice** in Phoenix. Now coders often must consider both what diagnosis is appropriate under current coding rules and what diagnosis they would have chosen before V codes were allowed in October 2003.

The V code chapter in the coding manuals has been expanding more than others in recent years, according to coding expert **Prinny Rose Abraham** with Minneapolis-based **HIQM Consulting**. This expansion resulted from the prospective payment system used in long-term care, she told attendees at the NAHC meeting. LTC facilities increased lobbying for codes to use when a provider is not treating the acute condition, she explained.

But just because there are more V code choices doesn't mean you should always use them. If you use V codes when you shouldn't, you may be afflicted with "V code-itis," Abraham jokes.

Problem: "People have gone overboard in using V codes," especially in the "Rehabilitation Encounter" categories, says **Karen Vance**, senior consultant with **BKD** in Springfield, MO.

V57.1 (**Other physical therapy**) is the most used diagnosis now, Abraham says. Instead of automatically jumping on the V57.1 bandwagon, remember what you always knew: The primary diagnosis must "best reflect the seriousness of the patient's condition and justify the disciplines and services provided," she stresses.

Tip: If you say you're providing PT for abnormality of gait, be sure the medical record shows you provided gait training, Abraham warned. Otherwise your claim could be downcoded.

Accurately sequencing V codes is not usually a question of following coding guidelines - it is a question of being able to pass medical review, she adds.

As you struggle to code for OASIS, don't forget the epidemiological reasons for coding, Vance suggests. "When future studies are done about our patient population, we'll have no clues about trends in primary diagnosis because they'll all be 'Encounters for physical therapy,'" she worries. That won't help much in making decisions that impact health care practice.

Bottom line: "Staff have to think critically about the patient situation and then select the codes that best reflect that patient's unique situation and the focus of the plan of care," stresses consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen Health Care Group**.