

Home Health ICD-9/ICD-10 Alert

READER QUESTIONS: Get Your V Codes In Order

Question: In reading the PPS proposed rule from the Centers for Medicare & Medicaid Services, I noticed that it expressed concern over misuse and overuse of V codes. What guidelines can we use to help decide when it is appropriate to use a V code and when another code would be more appropriate?

Florida Subscriber

Answer: The use of V codes is governed by the ICD-9-CM Official Guidelines for Coding and Reporting. The guidelines instruct that if the patient has an acute condition relevant to the plan of care, you should report the code for the acute condition.

Whether you list the V code as a primary or secondary diagnosis depends on the focus of care indicated on the patient's plan of care. Use V codes to report circumstances other than the diseases or injuries classifiable to the main part of the ICD-9-CM codes (001-999). For example, you can use a V code to indicate the patient's reason for an encounter with a healthcare provider.

You can list a V code as a primary or secondary diagnosis. In the home health setting, you'll most often use V codes when a person with current or resolving disease or injury requires specific aftercare of that disease or injury.

For complications of medical or surgical care, such as infection or wound dehiscence, report a code specific to the condition instead of a V code. Don't add a V code for the same condition.

For a complicated surgical wound, report the code for the complication, and don't list the aftercare or dressing change V codes.

List relevant condition codes earlier in your sequence of codes than you do V codes that provide reasons for the encounter. This way you'll avoid reporting V codes instead of specific condition codes. V codes don't provide any risk adjustment, so this sequencing is important now for outcomes and will be more important for payment under the reformed PPS rules expected to become effective Jan. 1, 2008.