

## OASIS Alert

### Diagnosis Coding: Avoid Coding Errors with New V Code Guidance

M0240 requires a new approach.

If you're confused about correctly using the new ICD-9-CM V code changes, you can turn to the Centers for Medicare & Medicaid Services' response to an industry plea for help.

The Dec. 1, 2005 update to the ICD-9-CM Official Guidelines for Coding and Reporting is confusing agencies because it changes how they can use V codes in answering questions about the patient's diagnoses in M0230 and M0240, explains the National Association for Home Care & Hospice.

Because of this confusion, NAHC asked CMS to clarify placement of V57 codes ...quot; which in 2005 ranked as the number one home care primary diagnosis.

The bottom line: The updated coding guidelines change the placement of some codes within the code tables. The guidelines move the V57 codes (Care involving rehabilitation procedures) from the "First or Additional" section to the "First Listed Only" section of the V code tables.

#### Keep V57 Out Of M0240

The new CMS home health coding guidance instructs home health agencies to:

- Review carefully the V codes that have changed. These are underlined in the updated Centers for Disease Control guidance.
- Remember that the principles underlying how to choose the primary diagnosis have not changed. It is still "based on the condition most related to the current plan of care," CMS instructs. Look to the services the agency is providing and use skilled services (nursing, physical therapy, occupational therapy and speech therapy) to judge "the relevancy of a diagnosis to the plan of care and to OASIS item M0230," CMS says.
- Select as secondary diagnoses in M0240 "all conditions that coexisted at the time the plan of care was established, or which developed subsequently, or affect the treatment or care," CMS advises.
- Include in M0240 conditions the agency is actively addressing and any comorbidities "affecting the patient's responsiveness to treatment and rehabilitative prognosis, even if the condition is not the focus of any home health treatment itself," CMS says.
- Use V codes when the agency is providing specific aftercare for a disease or injury, but not if there is a complication of the medical or surgical condition ...quot; such as an infection or wound dehiscence.
- Avoid listing in M0240 any V codes that are now allowed to be primary diagnoses only.

CMS did not respond directly to NAHC's request for clarification about whether home care coders can use V57 codes as primary diagnoses only if the episode is one involving therapy alone. But it seems clear that 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 coding expert Lisa Selman-Holman with Denton, TX-based Selman-Holman & Associates.

Note: The CMS guidance is at [www.cms.hhs.gov/HomeHealthPPS/downloads/v\\_code\\_rev\\_stmt2.pdf](http://www.cms.hhs.gov/HomeHealthPPS/downloads/v_code_rev_stmt2.pdf). The CDC guidance is at [www.cdc.gov/nchs/dataawh/ftpser/ftpicd9/ftpicd9.htm](http://www.cdc.gov/nchs/dataawh/ftpser/ftpicd9/ftpicd9.htm).