OASIS Alert

Diagnosis Coding: HAVE YOU HEARD ABOUT THE NEW PAYMENT DIAGNOSIS?

Here's how to master V and E codes

V and E codes aren't going to make your life easier - but these 10 steps will

prepare you for the challenges they present.

These codes aren't new, but because they haven't been allowed under the prospective payment system, they will take some time to get used to, warned **Prinny Rose Abraham**, a coding expert with Minneapolis-based **HIQM Consulting**, in a May 22 **Eli Coding Institute** teleconference. The Health Insurance Portability and Accountability Act requires providers to use ICD-9 coding correctly, and that means using V and E codes after Oct. 1.

V and E codes add another decision, since you still must determine the case-mix payment code. Agencies receive more money for episodes in which the patient has one of the primary diagnoses listed on pp. 41195-41198 of the home health PPS final rule or one of the secondary diagnoses listed on pp. 41198-41201 of the July 3, 2000 Federal Register.

You still must select the diagnosis code "that would have been reported as the primary diagnosis under the original OASIS-B1 (8/2000) instructions that did not allow V codes," CMS instructs. After Oct. 1, this code goes in M0245.

"Think of M0245 as the payment diagnosis," Abraham suggested. "It's really no more than a skip pattern." If you use a V code as the primary diagnosis in M0230 and the case-mix diagnoses would have gone in M0230, you now put the case-mix diagnoses in M0245 so you get paid accurately, she instructed. Don't use surgical codes in M0245, she added.

TIP: A case-mix diagnosis may involve manifestation coding. M0245 includes lines A and B. If you are using two codes, report the underlying disease first and the manifestation second, she reminded listeners.

Use this three-part process to reach proficiency with the new coding approach: hear about it, read about it, try it out, she told listeners. As you prepare to use V and E codes, Abraham offered these pointers:

1. Print a copy of Attachment D for Chapter 8 of the OASIS User's Manual and study it. But be sure you have the December 2002 revision that explains the changes, she warned. To find it, go to the OASIS Web site at http://cms.hhs.gov/oasis, click on the OASIS Users Manual - it says Part 1, revised December 2002 - then click on Chapters_pdf.zip. Click "open" on the download window, click on Chapter 8 to open that file and scroll down to page 147.

2. Look in your ICD-9 book to locate the V and E codes. Review these codes and the guidelines in the front of your book, she advised.

3. Browse through the V code chapters. Many codes "really do a better job of describing what we do" than we've historically been able to use on OASIS, she said.

4. Use case studies for practice. There are four great case studies in Attachment D that you can use to practice assigning V and E codes, Abraham suggested. "Sit down with a blank 485 form and your coding book. Look up the codes and actually fill out those key fields," she instructed.

5. Plan your "just-in-time" training. You don't need to train everyone yet, but you need to prepare. If you use paper forms, change those. If you need a software upgrade, do that.

6. Expect to use V codes to specify aftercare most often. The primary diagnosis for a patient with a hip fracture, for

example, would not be the code for the acute fracture. Coding guidelines require that "an acute fracture code can only be used for the initial acute episode," Abraham said, and this is usually not the reason for home care. Instead, you might use V57.1 if the patient is admitted to home care for physical therapy with the treatment focused on rehab following surgery to repair a hip fracture.

You would also code 781.2 (abnormality of gait) as the first secondary diagnosis, "because it accurately describes the current condition and the need for therapy." And 781.2 would go into M0245 because the V code replaced the case-mix diagnosis "required for adequate Medicare PPS payment," she explained.

7. Multiple V codes are permitted. An example would be a patient whose chief reason for admission is care of a colostomy following surgery for colon cancer who also will receive chemotherapy. Here you would have a primary diagnosis of V55.3 (instruction and care of colostomy) with 153.9 (malignant neoplasm of colon) as the secondary diagnosis plus V58.42 (aftercare for surgery for neoplasm), Abraham said.

8. Don't ignore a relevant acute condition. Even after V codes are allowed, you still should report the code for an acute condition if it is relevant to the plan of care, Abraham advised. Ask yourself if you're providing home care to take care of an acute condition or if the acute condition already has been taken care of and you're providing af-tercare, she suggested.

9. E codes are companion codes. Use E codes in addition to a code from one of the main chapters, never alone. If the patient suffered a trauma, use an E code to specify the external cause of the injury, poisoning or adverse effect of drugs. You can't rate the severity of E codes - skip the 0 to 4 severity grid on OASIS for an E code, Abraham said.

TIP: There's a separate index to E codes. Find it in your coding manual because it will be new to you, Abraham urged. And when you're assigning E codes, remember to put them only in M0240 - they are never a primary diagnosis, she warned.

10. Always read the instructions fully. Instructions in the tabular section are designed to help you correctly assign E codes, she said.