OASIS Alert

Diagnosis Coding: Master Resolved Condition Reporting with V Codes

Secure accurate reimbursement with proper sequencing.

Reporting a history V code may seem like a waste of precious diagnosis coding space, but these codes can help paint a more accurate picture of the care you provide. And in some cases, history V codes are required. Make sure you are up-to-speed on these often overlooked codes.

Report relevant past conditions with history V codes

It goes against the ICD-9 coding guidelines to report a resolved condition that isn't impacting current treatment. But there are times when a patient's past medical history does impact his care.

Key: Personal history V codes explain a past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence and therefore may require continued monitoring.

Some common personal history V codes seen frequently in home care include:

- V12.51 -- Personal history of venous thrombosis and embolism.
- V12.53 -- Personal history of sudden cardiac arrest.
- V12.54 -- Personal history of transient ischemic attack [TIA], and cerebral infarction without residual deficits.
- V12.55 -- Personal history of pulmonary embolism.
- V12.59 -- Personal history of other disease of circulatory system.
- V12.61 -- Personal history of pneumonia (recurrent).
- V13.02 -- Personal history of urinary (tract) infection.
- V15.88 -- History of fall.

Misconception: Many coders think they can list V15.88 only when the patient has already fallen. However, this code is also appropriate when you believe a patient is at risk for falling. It also supports Home Based Falls Evaluation and Prevention programs, according to a medical policy from HHH MAC **Palmetto GBA** (LCD ID Number L31607).

Coding scenario: Your patient had pneumonia in the hospital. Now she is off antibiotics and her chest x-ray says her lungs are clear but she still has some dyspnea, weakness, and upper congestion. You will be providing teaching on signs and symptoms of pneumonia to watch for until her symptoms are resolved. How would you report the pneumonia in the next home care episode?

Answer: Report V12.61 (Personal history of pneumonia [recurrent]) for this patient. Her condition requires monitoring so as to catch any relapse early. The pneumonia is gone and the treatment is done, so the pneumonia diagnosis is \"personal history.\" You may also code her symptoms because the pneumonia is resolved.

Always Report Cancer History

Official coding guidelines require home health coders to list a personal history of cancer code from the V10 category when it's appropriate for the patient. These patients have a greater potential for recurrence, so tracking this information is important.

The ICD-9 official guidelines state, \"When a primary malignancy has been previously excised or eradicated from its site and there is no further treatment directed to that site and there is no evidence of any existing primary malignancy, a code from category V10, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy.\"

For example, suppose your patient had a right pneumonectomy four months ago because of lung cancer. He developed an abscess in the operative site three weeks ago and had an incision and drainage (I&D). He is now on IV antibiotics and you are packing the wound daily. You would list the following codes for this patient:

- M1020a: 998.59 (Other postoperative infection);
- M1022b: V10.11 (Personal history of malignant neoplasm, bronchus and lung);
- M1022c: V58.81 (Fitting and adjustment of vascular catheter); and
- M1022d: V45.76 (Acquired absence of lung).

Code for a postoperative abscess with 998.59 and don't list a cellulitis/abscess code unless there is cellulitis around the wound. You could also add V58.62 (Long term use antibiotics) for this patient. Even though the code is not appropriate for a short course of antibiotics (for example, with acute bronchitis) you can still include it in this situation, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O,** consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas.

Look to V Codes for Support

When used correctly, V codes can help show the need for the services you provide.

For example: The history of falls code (V15.88) can support the need for physical therapy, says **Jennifer Warfield**, **RN, BSN, HCS-D, COS-C,** education director with **PPS Plus Software** in Biloxi, Miss. If you have a patient with COPD, hypertension, and diabetes, V15.88 can help explain why you're sending a PT out to assess the patient.

Other V codes that help define the patient's need for home health are V60.3 (Person living alone) and V60.4 (No other household member able to render care). These psychosocial codes are less important than numeric codes and most other V codes, so you can sequence them last and only if there is room, Selman-Holman says.

\"A lot of people say they never use status codes on the OASIS,\" Warfield says. But someone looking at the OASIS should be able to tell what's going on with the patient, and V codes help describe the patient's care needs. \"Not every patient with diabetes needs home care, but add a V code to show he's bedbound and that changes the story,\" Warfield says.

Aside from demonstrating a need for services, V codes can help bolster your documentation in other ways. For example, recent ICD-9 addition V45.12 (Noncompliance with renal dialysis) can set the stage for why you're going to work toward discharge, Warfield says.

Sequencing tip: If a V code describes the primary reason your patient is receiving home care, such as V58.78 (Aftercare following surgery of the musculoskeletal system, NEC), you should list the code in M1020a, says Warfield. But if you're including a status or history V code, you can sequence it lower in your list so any numeric codes can be listed in the top six slots. CMS prefers numeric codes to V codes as numeric codes provide better clinical information.