

OASIS Alert

DIAGNOSIS CODING ~ Select V Codes The Right Way

There's more to V codes than V57.1.

Learn about V codes before you're under the watchful eye of the HHS **Office of Inspector General**. Start diversifying now.

"The diagnosis code V57.1 (Care involving use of rehabilitation procedures, physical therapy) is the most popular primary diagnosis in home health," said physical therapist and coding consultant **Sparkle Sparks** with Redmond, WA-based **OASIS Answers**. She presented information on how to use V and E codes at an Eli-sponsored audioconference on Jan. 25.

Glitch: Unfortunately, V57.1 also is causing problems as agencies try to understand changing guidelines that allow you to use this code only as a primary diagnosis.

Background: Part of the reason clinicians and coders have problems with V codes is that these codes weren't allowed in home health coding in the first few years of the prospective payment system. And now when you use these codes, you still may need to look back to the way things used to be to receive accurate reimbursement.

Before you automatically put this therapy code in M0230, learn about your other options (for more on V57.1, see Eli's OASIS Alert, Vol. 7, No. 2, p. 15).

Know When to Use V Codes

To make sure you are using V codes correctly, heed the following advice Sparks provided.

V codes often are the best primary diagnosis choices in home care. "Use V codes when a patient is admitted for specific aftercare, procedure or therapy," Sparks said. For example:

- When the patient has a resolving disease or injury -- such as using V58.42 (After-care following surgery for neoplasm) for a postoperative patient.
- For a chronic long-term condition needing care -- such as V57.3 (Care involving use of rehabilitation procedures, speech therapy) for a patient with Parkinson's.
- When the patient needs specific aftercare -- such as V55.0 (Attention to artificial openings, tracheostomy) for a new trach patient.
- For a condition no longer needing care but which may affect his health status -- such as V44.3 (Artificial opening status, colostomy) when a patient who has had a colostomy for years provides all the care for it.

Protect your reimbursement: To avoid losing money, "complete M0245 on your OASIS assessment if a V code replaced a case mix code as the primary diagnosis in M0230," Sparks warns.

Be Sure the Problem You're Coding is Routine

Do not use the V code if there are complications such as an infection or non-healing wound.

Example: If you just want to provide information that the patient has a tracheostomy, use V44.0 (Tracheostomy). When you are providing care for the tracheostomy, use V55.0 (Attention to artificial openings, tracheostomy). But if there is a complication, return to the numerical codes. So if the patient has tracheal stenosis due to the tracheostomy, you would select 519.02 (Mechanical complication of tracheostomy), Sparks instructed.

Use the Correct Search Technique

Always start in the alphabetic index and then go to the tabular index, Sparks said. Don't head directly for the V code chapter.

Some of the key terms she suggested looking for are: admission for, attention to, aftercare of, fitting of, long-term, resistance and status post.

And don't forget to read notes and "includes" and "excludes" information to be sure you code correctly. You can use some V codes only for a primary diagnosis or only for a secondary diagnosis, so be sure to look for that, she added.

V codes do not contribute to the **Centers for Medicare & Medicaid Service's** efforts to risk-adjust to allow comparisons between agencies. And there is no requirement that you sequence V codes in M0240 in any specific way, Sparks explains. So you can move V codes to the bottom of the list of M0240 diagnoses and move the risk-adjusted codes to the top of the list -- where they count, she suggested.

Note: For much more information on V and E codes, order a tape, CD or print transcript of Sparks' audioconference at 1-800-508-2582 or www.audioeducator.com.