OASIS Alert

Diagnosis Coding: Use New V Code Rule To Trigger More Accurate V57.1 Coding

Improve risk-adjustment in the bargain.

Diagnosis code V57.1 (Other physical therapy)--the number one primary diagnosis found on OASIS assessments--has a new look as of Dec. 1, 2005.

You can now only use V57 series codes as primary, according to the updated ICD-9-CM Official Guidelines for Coding and Reporting.

"This means that if physical therapy is the primary reason for home health, then V57.1 would be coded in M0230. Otherwise, you would not code it," says coding expert **Lisa Selman-Holman**, consultant and principal of **Selman-Holman & Associates** in Denton, TX. If you are providing more than one therapy, you may report V57.89 (Multiple training or therapy) in M0230, she advises. But you can't place V57.1 in M0230 and then put V57.21 (Encounter for occupational therapy) in M0240.

Warning: Don't misread the new guidance. It doesn't mean whenever you provide therapy you must report the corresponding V57 code as primary, cautions Selman-Holman.

A Therapy Code Is Not Essential

This coding change is likely to confuse clinicians who currently put V57.1 on every assessment where the physical therapist sees the patient, coding experts say.

But the change also could force agencies to think more clearly about therapy codes. How accurate is the coding when V57.1 turns up as the primary diagnosis in 25 percent of home health episodes, they wonder.

This new V code rule takes you back to "the old days" of OASIS--before October 2003--when V codes weren't allowed on OASIS assessments, says coding expert **Sparkle Sparks**, San Francisco, CA-based consultant with **OASIS Answers Inc.** When V codes were restricted, agencies reported the underlying condition instead.

So if the therapy is not primary, leave out the therapy V code. "Is there a V code for nursing? No. Then why are you worried about having a V code for therapy?" Sparks asks.

Upside: With V57 series codes no longer accepted as secondary diagnoses, there will be more room for other codes in M0240. This is good news for coders frustrated by not having room to report all the pertinent diagnoses for more complex patients--such as those recovering from strokes, says Sparks.

Because risk-adjustment isn't impacted by V codes, having more spots for other numerical diagnoses in M0240 will help to improve risk-adjustment on the diagnoses and possibly impact outcomes, says Selman-Holman.

When Is V57.1 Primary?

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 Selman-Holman.

If you are addressing a current, acute diagnosis, then you should code that diagnosis as primary, she says. In that case,

according to the new guidelines, you shouldn't list a V57 code at all, she adds.

Code Like An Expert

Selman-Holman offers these tips for deciding which diagnosis is primary:

• If multiple disciplines are involved--then code first the condition being treated.

• If you're treating multiple aspects of an acute condition--then code first the acute condition.

• If the care plan addresses multiple aspects of a long-term chronic condition--then code first the long-term chronic condition.

• If therapy is the most intense service and nursing is in for a different reason--then code first the therapy.

• If nursing is the most intense service and therapy is there for another reason ...quot; then code first the reason for the nursing. Don't code the therapy, although you may choose to code the condition warranting therapy.

Note: For a more detailed discussion of V code changes, order Eli's Home Health ICD-9 Alert at www.elihealthcare.com or by calling 800-874-9180, and/or call 800-508-2582 to order a tape or CD of the Jan. 17 teleconference "Overcome V57.1-itis" with coding expert Sparkle Sparks, sponsored by Eli Research.