OASIS Alert

Diagnosis Coding: V AND E CODES MULTIPLY OPPORTUNITIES FOR ERRORS

After working so hard to keep your staff from using V and E codes on OASIS assessments, it's time to reverse course and teach clinicians to use them again.

Previously, the **Centers for Medicare & Medicaid Services** had prohibited using V and E codes on OASIS assessments. But effective October, the Health Insurance Portability and Accountability Act requires their use, so HHAs can come into compliance with ICD-9 coding rules.

Making the switch from avoiding V codes to using them properly is going to be a huge headache, predicts **Rachel Hammon** with the **Texas Association for Home Care**. Home care providers often have trouble sorting through coding guidelines as it is. After striving to work around V codes, it will be confusing to turn around and do just the opposite, Hammon worries.

V codes let the clinician differentiate between the initial acute disease or injury and the "aftercare" needed later, explained coding expert **Sue Prophet-Bowman** with the **American Health Information Management Association** at an April 1 presentation for CMS' OASIS Coordinators Conference in New Orleans.

Agencies should use V codes to indicate specific aftercare for a resolving disease, injury or chronic condition, instructed coding veteran **Prinny Rose Abraham** at an April 7 presentation for the **National Association for Home Care & Hospice's** annual policy conference in Washington. V codes also indicate special therapy, organ donors, prophylactic care and counseling, Abraham added.

E codes classify environmental events, circumstances and conditions that caused an injury, according to Abraham. They also specify what caused a poisoning or adverse event, Prophet-Bowman said.

Other V and E Code Pointers:

1. Coders can still report the acute condition, if it is present, along with any V codes, Prophet-Bowman explained. But the V code should be used as the primary diagnosis only if the aftercare is the focus of care. If the agency still is treating the patient's current, acute disease or injury, that condition should be the primary diagnosis, not the V code, said Abraham.

2. Some V codes commonly used by home care providers will be V52.x (fitting and adjustment of prosthetic device), V55.x (attention to an artificial opening), V57.x (care involving use of rehabilitation procedures), and V66.7 (encounter for palliative care), Abraham reported.

Tip: V57.x will be especially useful in documenting a patient's need for 10 or more therapy visits, pointed out Abraham, with Minneapolis-based **HIQM Consulting**. Such therapy utilization increases episode payment by about $2,000 under the prospective payment system.

3. Using multiple V codes at once is acceptable, Prophet-Bowman instructed.

Tip: Clinicians also can use status codes which indicate the patient has a disease, injury or condition but that it doesn't require care but they should never be primary, Prophet-Bowman added. Categories V42 through V46 and subcategories V49.6 and V49.7 are status codes.

4. After Oct. 1, when agencies use V codes as a primary diagnosis and report it in OASIS item M0230, they must

document any "case mix" diagnosis code in M0245 to receive their rightful payment for the patient's condition. A case mix diagnosis is a neurological, orthopedic, diabetic or burn/ trauma code that affects PPS payment.

5. One difference between E codes and other types of codes is that you don't rate their severity, explained a CMS official at the OASIS conference.

Warning: Coders should never use E codes as a primary diagnosis, noted the CMS official. Instead, the injury that was caused by the event the E code represents will be primary in those situations.

6. Think of it as a new skip pattern, advised Abraham. If there is a trauma code as the primary diagnosis, there should be an E code in M0240 explaining how it happened. "Trauma and E codes are companion codes," she stressed.

7. Common E codes include those for falls, adverse reactions to medications, late effects of external causes, complications of care and late effects of an injury, Abraham listed. Initial encounters will warrant regular E codes, while late effects of an initial injury that is being treated will require late-effect E codes, Prophet-Bowman explained.

Editor's Note: More information on V and E codes, including V code case studies, is at www.cms.hhs.gov/oasis/1122broadcast.pdf.