

OASIS Alert

OASIS Diagnosis Coding: Medication Use - No Hard And Fast Rule

Refills do not equal 'long term.'

Look again at how you use long term medication codes - you could be limiting yourself unnecessarily.

A primary cause for many patients' admission to home care is for monitoring the effects and levels of high-risk medications. But choosing the codes to put in M0230 and M0240 for these patients has confused clinicians and coders alike.

Some situations are clear. If you're monitoring and adjusting a patient's anticoagulant and he's been on the medication for months, you would code V58.83 (Encounter for therapeutic drug monitoring) followed by V58.61 (Long term [current] use of anticoagulants), says **Lynda Dilts-Benson**, consultant with **Reingruber & Co.** in St. Petersburg, FL.

Problem: But questions begin when a patient is admitted for monitoring of an anticoagulant she is just beginning to take, perhaps after a joint replacement or bypass surgery. Can you use V58.61 in this situation, clinicians ask. Is this considered "long term (current)?"

The V58.83 code indicates that a person who is on a drug for any length of time is being evaluated for the level or effectiveness of the drug. V58.83 is incomplete without also coding V58.6x to specify the type of drug, says coding expert **Prinny Rose Abraham** with Minneapolis-based **HIQM**.

Don't Define V58.6x Too Narrowly

But many clinicians insist that comments in an issue of the **American Hospital Association's** Coding Clinic some years ago suggested "long term" means the patient has refills available. And this is often not the case when a home health agency admits the patient. If that is your concern, one approach is to ask the physician if refills are available for the patient in question, Abraham suggests. However, there's a better way.

If you think V58.6x codes are too vague, you're right. But there's an important reason for their lack of specificity, one expert tells **Eli**.

Coding guidelines state the V58.6x codes "indicate a patient's continuous use of a prescribed drug (including such things as aspirin therapy) for the long-term treatment of a condition or for prophylactic use."

"There is no coding requirement that there has to be a refill" to use V58.6x codes, emphasizes **Sue Bowman**, the **American Health Information Management Association's** Director of Coding Policy and Compliance. This code is a "judgment call," she says.

V58.6x is clearly not meant to cover a 10-day round of antibiotics or a one-day pre-op medication, Bowman explains. But there isn't any hard and fast rule about how many days qualifies you for this code, she instructs.

"We didn't want to box people into a corner by defining what 'long term' means. No matter how many days or weeks we chose, it could exclude situations the code is really meant to cover," Bowman tells **Eli**. This approach requires more professional judgment but provides needed flexibility, she adds.

How do you decide? "If the medication is pertinent to the plan of care, we should use the code," maintains home care coding consultant **Lisa Selman-Holman** with Denton, TX-based **Selman-Holman & Associates**.

