OASIS Alert

Training: V Is For Coding Victory ... If You Mind Your Ps And Qs

It's not too soon to start planning the transition to V codes that occurs abruptly Oct. 1.

Starting in October, HIPAA requires providers to use V codes as mandated in ICD-9 coding rules, a **Centers for Medicare & Medicaid Services** official reminded listeners in the July 2 Home Health Open Door Forum.

Clinical consultant **Judy Adams** with the **Larson Allen Health Group** expects home care providers to use the following changed V codes most beginning in October:

1. V54.09 (other aftercare involving internal fixation device)

2. V58.63 (long term [current] use of antiplatelet/antithrombotic)

3. V58.64 (long term [current] use of non-steroidal anti-inflammatories)

4. V58.65 (long term [current] use of steroids)

5. V65.46 (encounter for insulin pump training)

The steroid codes are in addition to two current V codes for long-term drug use, Adams points out.

V codes for prothrombin time also might be confusing, suggested coding expert **Prinny Rose Abraham** with **HIQM Consulting** in a May teleconference sponsored by **Eli**. When a patient is on anticoagulants and the doctor orders a pro time, you need to use two codes. List V58.83 first to indicate the anticoagulant is being monitoring and then V58.61 to indicate the status of the person on anticoagulants, she instructed.

Remember you can use multiple V codes in M0240, Abraham said. For example, consider a patient with arthritis in multiple joints who was referred to home health for care following a total knee replacement. In this case, you would use a primary diagnosis of V54.81 (aftercare following joint replacement) plus the V codes for the replacement site, the physical therapy and the surgical dressing changes, she noted. And don't forget to put the payment diagnosis code in M0245 so you'll be reimbursed, she added.

V code use will affect OASIS coding in several ways after Oct.1. Some diagnosis coding will not change, in some situations a V code will simply replace the code formerly used in M0240, and in other situations this V code replacement also will require a code in M0245 to ensure payment, explains coding expert **Joan Usher** with Pembroke, MA-based **JLU Health Record Systems** (see chart "Visualize Coding Before & After October").

Whenever a V code replaces a primary diagnosis that would have resulted in additional reimbursement for that episode, you must use M0245 to get that extra money (see Eli's OASIS Alert, Vol. 4, No. 7, p. 63 for more about M0245).