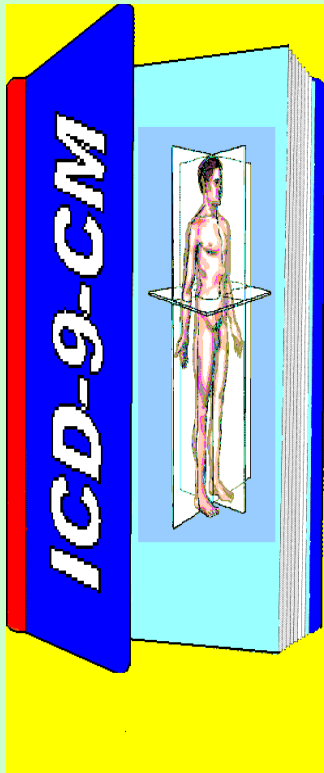


ICD-9-CM Coding Fundamentals – Part 2



Developed By:



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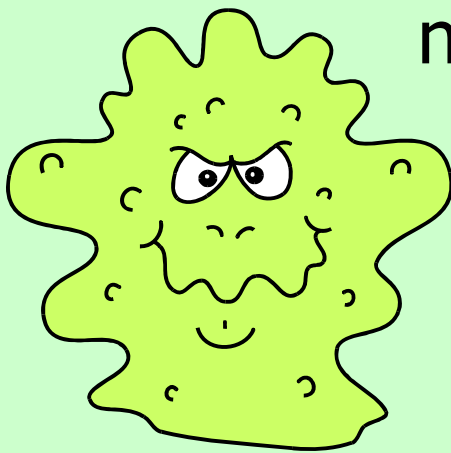
ICD-9-CM Coding: Review by Chapter



ICD-9-CM chapters: Infectious and Parasitic Diseases (001-139)

Coding Infections:

- Code first to the site or type of infection
 - Go to 'infection' in the alphabetic index
- Infection codes may couple the disease process with the organism in one code number



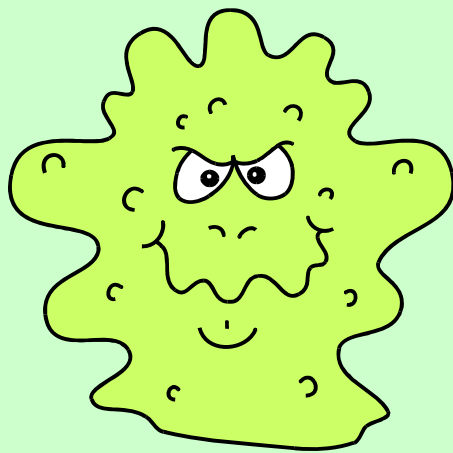
Example:

- Pneumonia due to Staphylococcus aureus - 482.41

ICD-9-CM chapters: Infectious and Parasitic Diseases (001-139)

Coding Infections:

- Code organism separately if it is not included with the diagnosis description



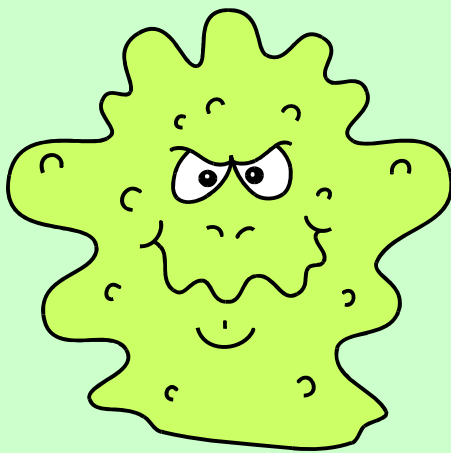
Example:

- Urinary tract infection (UTI) due to Staphylococcus aureus - 599.0, 041.10)

ICD-9-CM chapters: Infectious and Parasitic Diseases (001-139)

Coding Infections:

- Codes that identify drug resistant infections are found in the V-code section (V09.xx) Look under "Resistance" in the Index to Diseases.



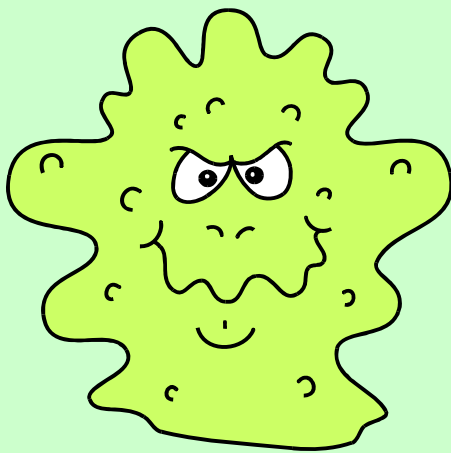
Example:

- Vancomycin resistant enterococcus (VRE) –
041.04, V09.8x

ICD-9-CM chapters: Infectious and Parasitic Diseases (001-139)

Coding HIV/AIDS:

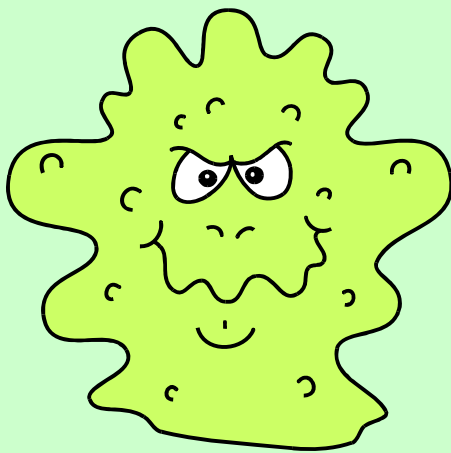
- Use category 042 for confirmed Human immunodeficiency virus (HIV) or Acquired immunodeficiency syndrome (AIDS)
- Use V08 for HIV positive results with no symptoms and no previous HIV illness



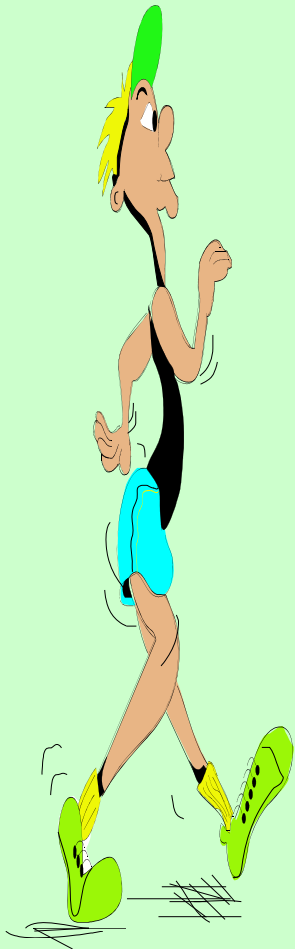
ICD-9-CM chapters: Infectious and Parasitic Diseases (001-139)

Coding HIV/AIDS:

- Sequencing HIV and related manifestations
 - Code HIV/AIDS first
 - Code related illness/condition second



Coding Exercise: Infectious and Parasitic Diseases (001-139)

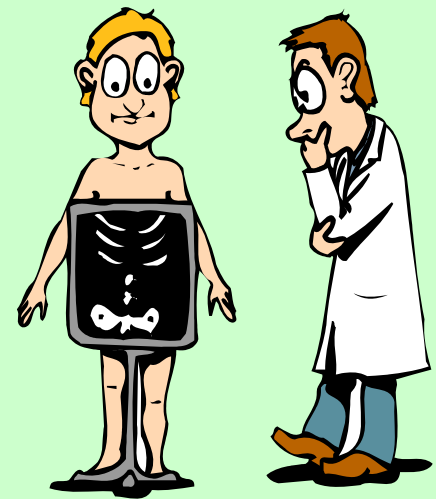


- Pneumonia due to Staph
- Clostridium difficile enteritis
- Cellulitis of the right thumb, Staphylococcus aureus infection
- AIDS with Kaposi's sarcoma
- UTI with methicillin resistant Staphylococcus aureus (MRSA)
- Vancomycin Resistant Enterococcus (VRE) without mention of multiple drug resistance
- History of MRSA
- Pneumonia due to MRSA

ICD-9-CM chapters: Neoplasms (140-239)

Coding Neoplasms:

- Begin by looking for specific neoplasm in the alphabetic index (i.e. adenoma, adenocarcinoma, sarcoma)
- If specified site is not indicated, instructions lead you to neoplasm table



ICD-9-CM chapters: Neoplasms (140-239)

Adenolipomatosis (symmetrical) 272.8

Adenolymphoma (M8561/0)

specified site – see Neoplasm, by site, benign

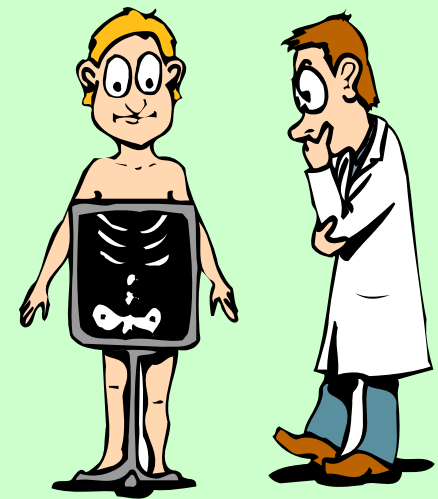
unspecified 210.2

Adenoma (sessile) (M8140/0) – see also
Neoplasm, by site, benign

Note – Except where otherwise indicated, the morphological varieties of adenoma in the list below should be coded by site as for “Neoplasm, benign”

ICD-9-CM chapters: Neoplasms (140-239)

- Neoplasm table
 - Sites listed in left hand column
 - Neoplasm types listed at top of columns
 - Index instructions indicate which column to use



ICD-9-CM chapters: Neoplasms (140-239)

	Malignant			Benign	Uncertain Behavior	Unspecified
	Primary	Secondary	Ca in situ			
Neoplasm, neoplastic	199.1	199.1	234.9	229.9	238.9	239.9

Notes — 1. The list below gives the code numbers for neoplasms by anatomical site. For each site there are six possible code numbers according to whether the neoplasm in question is malignant, benign, in situ, of uncertain behavior, or of unspecified nature. The description of the neoplasm will often indicate which of the six columns is appropriate; e.g., malignant melanoma of skin, benign fibroadenoma of breast, carcinoma in situ of cervix uteri.

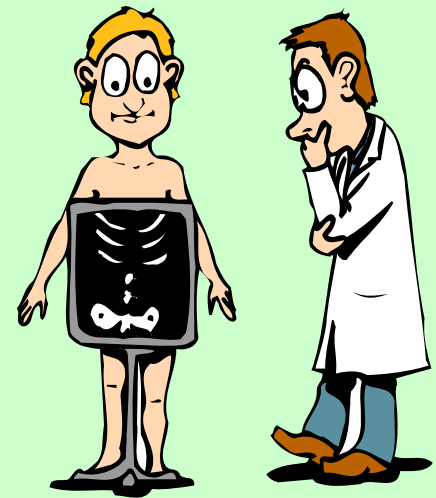
Where such descriptors are not present, the remainder of the Index should be consulted where guidance is given to the appropriate column for each morphological (histological) variety listed; e.g., Mesonephroma — see Neoplasm, malignant; Embryoma — see also Neoplasm, uncertain behavior; Disease, Bowen's — see Neoplasm, skin, in situ. However, the guidance in the Index can be overridden if one of the descriptors mentioned above is present; e.g., malignant adenoma of colon is coded to 153.9 and not to 211.3 as the adjective "malignant" overrides the Index entry "Adenoma — see also Neoplasm, benign."

*2. Sites marked with the sign * (e.g., face NEC*) should be classified to malignant neoplasm of skin of these sites if the variety of neoplasm is a squamous cell carcinoma or an epidermoid carcinoma and to benign neoplasm of skin of these sites if the variety of neoplasm is a papilloma (any type).*

abdomen, abdominal	195.2	198.89	234.8	229.8	238.8	239.8
cavity	195.2	198.89	234.8	229.8	238.8	239.8
organ	195.2	198.89	234.8	229.8	238.8	239.8
viscera	195.2	198.89	234.8	229.8	238.8	239.8
wall	173.5	198.2	232.5	216.5	238.2	239.2
connective tissue	171.5	198.89	—	215.5	238.1	239.2
abdominopelvic	195.8	198.89	234.8	229.8	238.8	239.8
accessory sinus — see Neoplasm, sinus						
acoustic nerve	192.0	198.4	—	225.1	237.9	239.7
acromion (process)	170.4	198.5	—	213.4	238.0	239.2
adenoid (pharynx) (tissue)	147.1	198.89	230.0	210.7	235.1	239.0
adipose tissue (see also Neoplasm, connective tissue)	171.9	198.89	—	215.9	238.1	239.2
adnexa (uterine)	183.9	198.82	233.3	221.8	236.3	239.5
adrenal (cortex) (gland) (medulla)	194.0	198.7	234.8	227.0	237.2	239.7
ala nasi (external)	173.3	198.2	232.3	216.3	238.2	239.2
alimentary canal or tract NEC	159.9	197.8	230.9	211.9	235.5	239.0
alveolar	143.9	198.89	230.0	210.4	235.1	239.0
mucosa	143.9	198.89	230.0	210.4	235.1	239.0
lower	143.1	198.89	230.0	210.4	235.1	239.0
upper	143.0	198.89	230.0	210.4	235.1	239.0
ridge or process	170.1	198.5	—	213.1	238.0	239.2
carcinoma	143.0	198.89	230.0	210.4	235.1	239.0

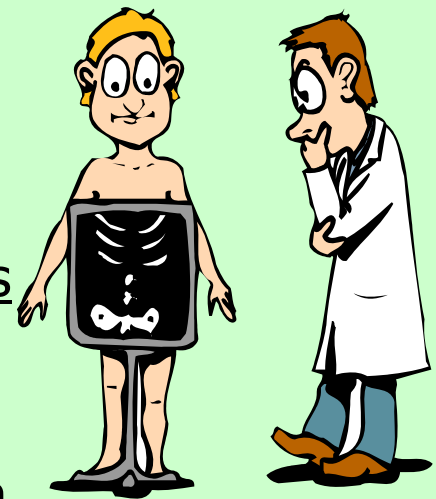
ICD-9-CM chapters: Neoplasms (140-239)

- Neoplasm table cont.:
 - Malignant - Primary
 - Original site of cancer
 - May code 2 primary sites if specified
 - Code specific sites vs grouped multiple sites
 - Primary site may be unknown
 - Use code 199.1 for malignant neoplasm, unspecified site (primary or secondary)



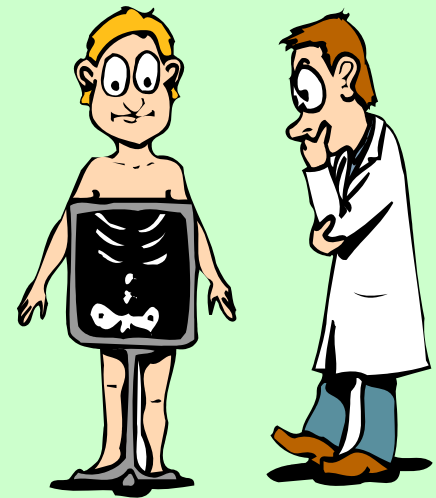
ICD-9-CM chapters: Neoplasms (140-239)

- Malignant - Secondary
 - Where the cancer spreads to or 'metastasizes'
 - May state breast cancer spread to lungs (breast primary, lungs secondary)
 - Metastatic cancers always require two codes (primary and secondary site)
 - Secondary site may be unknown
 - Use code 199.1 for metastatic neoplasm NEC



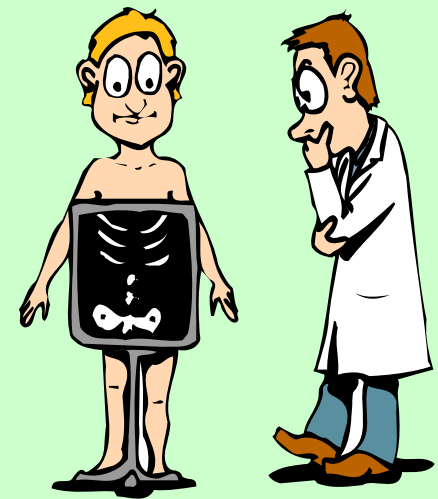
ICD-9-CM chapters: Neoplasms (140-239)

- Malignant - Carcinoma in situ
 - Atypical malignancy; has not spread, is encapsulated
 - May be described as “Non-invasive, pre-invasive, non-infiltrating, intraepithelial”
 - Do not assign “in situ” code unless physician specifically states “in situ” or instructed to go to in situ column



ICD-9-CM chapters: Neoplasms (140-239)

- Benign:
 - Not malignant
 - Does not metastasize
 - Neoplasms that grow abnormally, but usually encapsulated



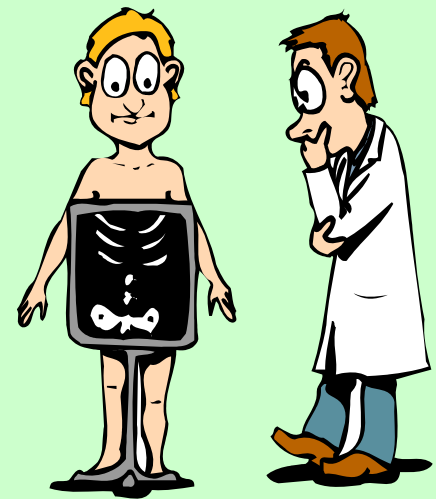
ICD-9-CM chapters: Neoplasms (140-239)

- Uncertain Behavior:
 - Index instructions refer to this column as appropriate

Example:

Adenoma

villous (M8261/1) – *see* Neoplasm, by
site, uncertain behavior

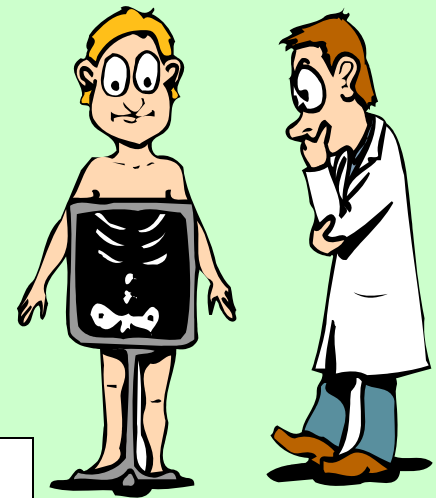


ICD-9-CM chapters: Neoplasms (140-239)

- Unspecified:
 - Neoplasms that have not been specified as malignant or benign
 - Index instructions refer to this column as appropriate

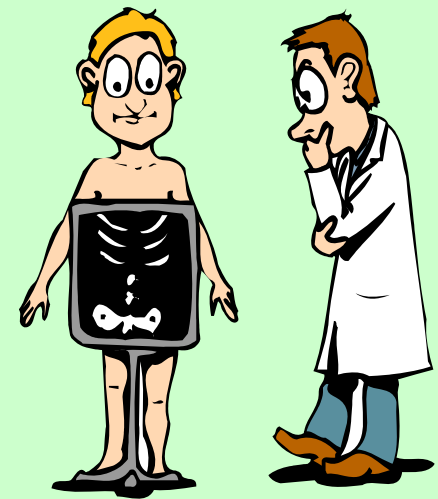
Example:

- **Tumor** (M8000/1) - *see also* Neoplasm, by site, unspecified nature



ICD-9-CM chapters: Neoplasms (140-239)

- Morphology codes (M-codes)
 - NOT USED IN LTC
 - M codes are located in Appendix A in your coding book
 - M codes are listed in the Index to Diseases under the specific type of neoplasm

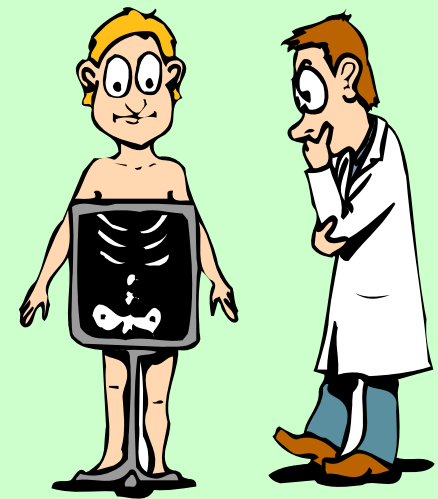


Example:

- Carcinoma, liver cell (M8170/3)

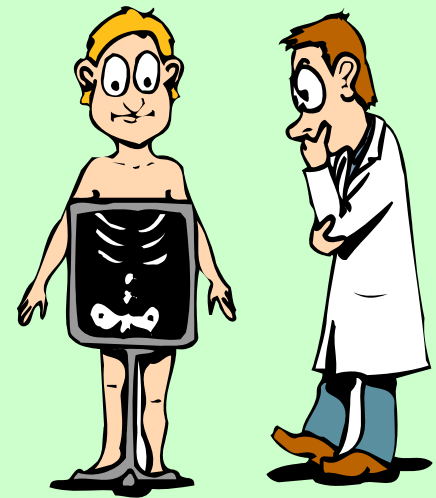
ICD-9-CM chapters: Neoplasms (140-239)

- Primary site is coded as a current condition if being actively treated, such as:
 - Primary neoplasm is diagnosed but no treatment has been administered
 - Primary neoplasm has been surgically removed, but treatment (such as chemotherapy or radiation therapy) is still being directed at the primary neoplasm



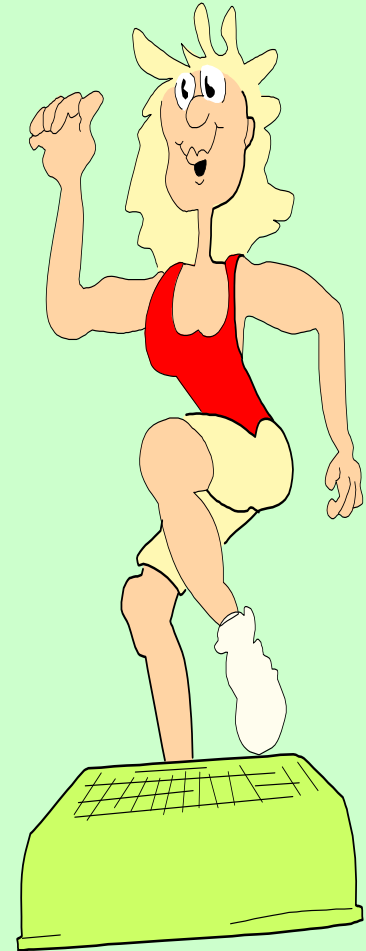
ICD-9-CM chapters: Neoplasms (140-239)

- Primary site is no longer coded as a current condition when the
 - site has been surgically removed and/or
 - treatment of the neoplasm has been completed and
 - there is no mention of recurrence
 - The primary site would be coded to history of neoplasm, personal (V10)



Coding Exercise: Neoplasms (140-239)

- Breast cancer (female), under current treatment, with metastasis to brain
- Cancer, skin of neck
- Benign tumor of lip
- Malignant neoplasm of lung with multiple metastasis
- Metastatic carcinoma of prostate



ICD-9-CM chapters: Endocrine, Nutritional, Metabolic and Immunity Disorders (240-279)

Diabetes Type I

- Cause: Absent or insufficient insulin production
- Usually Juvenile
- 10% of diabetics
- 5th digit "1" if **not** stated as uncontrolled
- 5th digit "3" if stated as uncontrolled

Diabetes Type II

- Cause: Improper utilization of insulin
- May require insulin
- 90% adult onset (age 40 >)
- 5th digit "0" if **not** stated as uncontrolled
- 5th digit "2" if stated as uncontrolled

ICD-9-CM chapters: Endocrine, Nutritional, Metabolic and Immunity Disorders (240-279)

Essential questions you need to ask
the physician when coding
diabetes:



- Type I [juvenile]?
- Type II ?
- Uncontrolled?

ICD-9-CM chapters: Endocrine, Nutritional, Metabolic and Immunity Disorders (240-279)

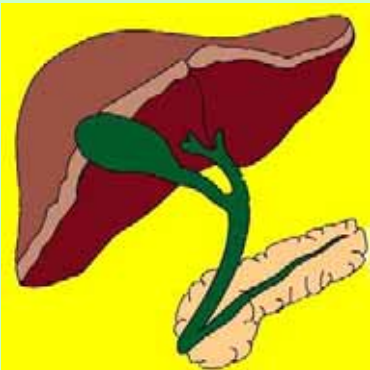
- Diabetes Fifth digit assignment



- 0 Type II or unspecified type, not stated as uncontrolled
- 1 Type I [juvenile type] not stated as uncontrolled
- 2 Type II or unspecified type, uncontrolled:
Physician documentation within the medical record must specify uncontrolled or out of control in order to assign this
- 3 Type I [juvenile type] uncontrolled:
Physician documentation within the medical record must specify uncontrolled or out of control in order to assign this

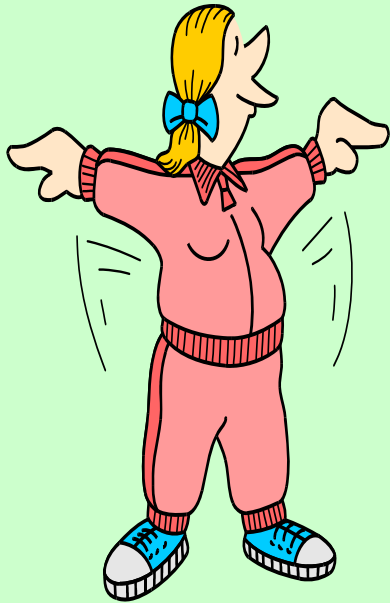
ICD-9-CM chapters: Endocrine, Nutritional, Metabolic and Immunity Disorders (240-279)

Coding Diabetes:



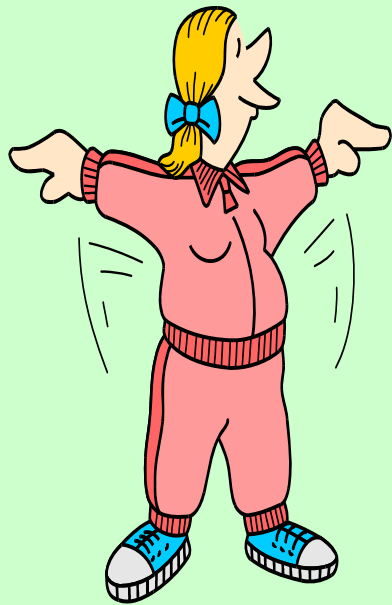
- Use additional code to identify specific diabetic complications or manifestations as long as causal relationship is clear
- Always follow 'Code Also' instructions
- Use an additional code, if applicable, for associated long term (current) use of insulin, V58.67, with type II diabetes mellitus (DM)

Coding Exercise: Endocrine, Nutritional, Metabolic and Immunity Disorders (240-279)



- Diabetic ulcer of the left 4th and 5th toes, Type II diabetes, uncontrolled
- Neuropathy due to Type II Diabetes
- Renal diabetes with neurogenic bladder
- Type I with diabetic gangrene, right foot
- Diabetes Mellitus

Coding Exercise, cont: Endocrine, Nutritional, Metabolic and Immunity Disorders (240-279)



- Dehydration
- Hypothyroidism
- Malnutrition, mild
- Vitamin B12 deficiency

ICD-9-CM chapters: Mental Disorders (290-319)

Coding Mental Disorders:



- Code agitation or anxiety in addition to any related mental disorder
 - Such symptoms can significantly affect resident care needs
- Code alcohol and/or drug dependence, either current or history,
 - May relate to alcoholic psychosis.
 - Further clarification from physician may be needed to ensure correct code assignment.

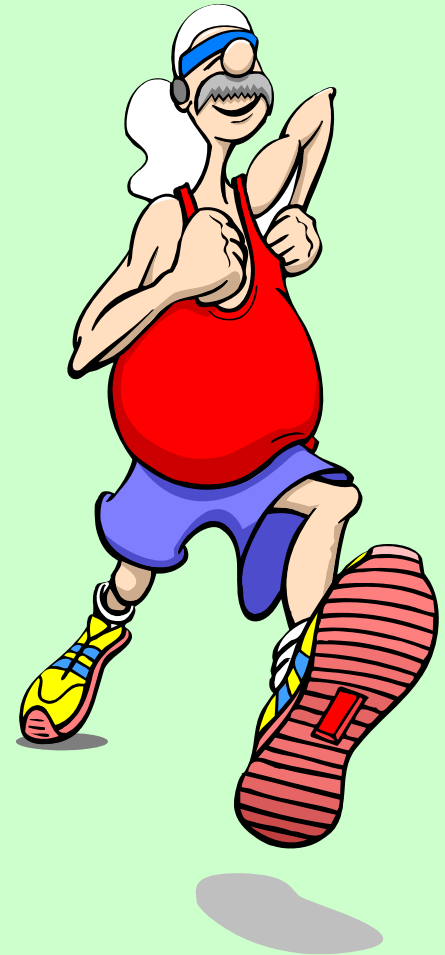
ICD-9-CM chapters: Mental Disorders (290-319)

- Coding tips for mental disorders:
 - Read all includes and excludes notes
 - Check for 4th and 5th digits (there are many in this chapter)
 - Code additional physical or neurological conditions indicated in code category instructions



Coding Exercise: Mental Disorders (290-319)

- Alzheimer's disease
- Alzheimer's dementia with behavior disorders
- Alzheimer's disease with agitation
- Depression
- Depression with insomnia
- Depression with anxiety
- Major depression (psychotic)



Coding Exercise: Mental Disorders (290-319) cont.

- Sundown Syndrome
- Dementia
- Vascular Dementia with depression
- Alcoholic dependence syndrome, unspecified
- Mental retardation
- Organic Brain Syndrome, psychotic



ICD-9-CM chapters: Circulatory Disorders (390-459)

Coding a Cerebrovascular Accident (CVA):

- Late effect of CVA Code 438.xx:
 - Assigned when a resident has:
 - Completed initial treatment for any condition coded to 430-437 at the hospital
 - Is admitted to the NF for subsequent treatment of the CVA and residuals



ICD-9-CM chapters: Circulatory Disorders (390-459)

- Combination code showing the resident had a CVA and symptoms remain that are related to the CVA
- Multiple 438 codes are assigned to show *all* residual conditions treated at the NF
- Used for medical diagnoses and for therapy services treatment diagnoses
- New instructional note for 438.82 and 787.2x



ICD-9-CM chapters: Circulatory Disorders (390-459)

Coding Other Cerebrovascular Disease:

- Codes 430-437:
 - Assigned during initial episode of care for acute cerebral hemorrhage or infarction
 - These codes are *generally*:
 - Used by hospitals for acute care
 - Not used in LTC



ICD-9-CM chapters: Circulatory Disorders (390-459)

- Code 434.91:
 - Assigned for an acute CVA
 - Used for residents who have:
 - An acute CVA at the nursing facility (NF) *and*
 - DO NOT go to the hospital or Emergency Room for diagnosis or treatment (i.e. receive acute treatment in the NF)
 - Show that NF is providing the initial episode of care for the CVA



ICD-9-CM chapters: Circulatory Disorders (390-459)

Disease of Circulatory System, TIA and cerebral infarction without residual deficits (V12.54):

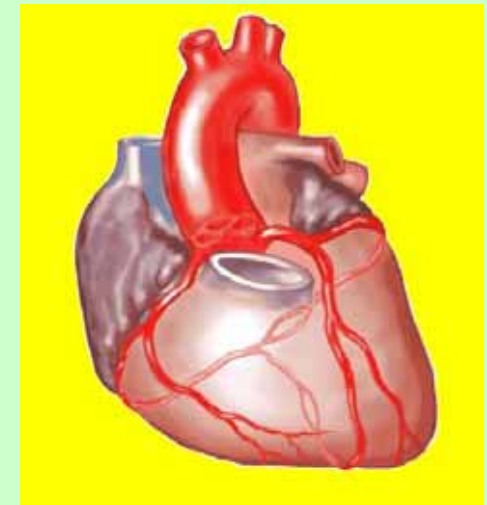
- Assigned when there is:
 - A diagnosis, or history, of CVA or stroke, *and*
 - No residual deficits (late effects) are present
- Used instead of a code from 438



ICD-9-CM chapters: Circulatory Disorders (390-459)

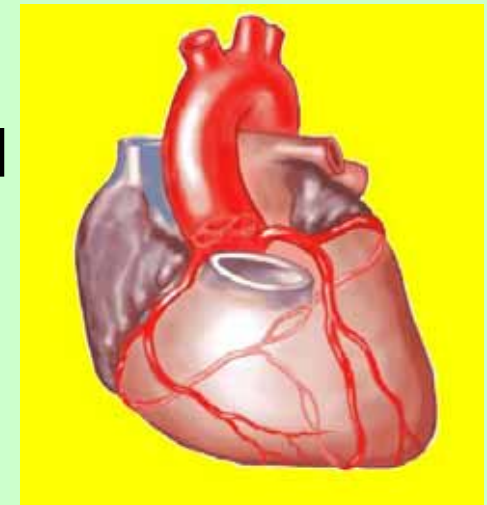
Coding Myocardial Infarction (heart attack):

- Assign to category 410 when MI is acute, with duration of less than 8 weeks
- Select appropriate 4th digit for wall involvement



ICD-9-CM chapters: Circulatory Disorders (390-459)

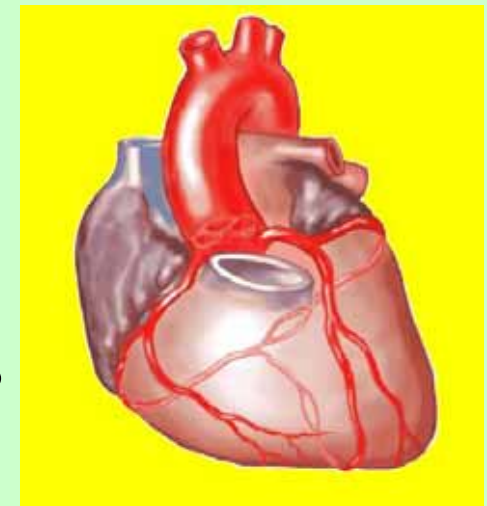
- Select appropriate 5th digit for episode of care
 - 1 - initial episode of care - usually assigned in the hospital
 - 2 – subsequent episode of care – used in SNF to indicate care following hospital stay
- Assign category 412 when MI is old, or healed, with no current symptoms



ICD-9-CM chapters: Circulatory Disorders (390-459)

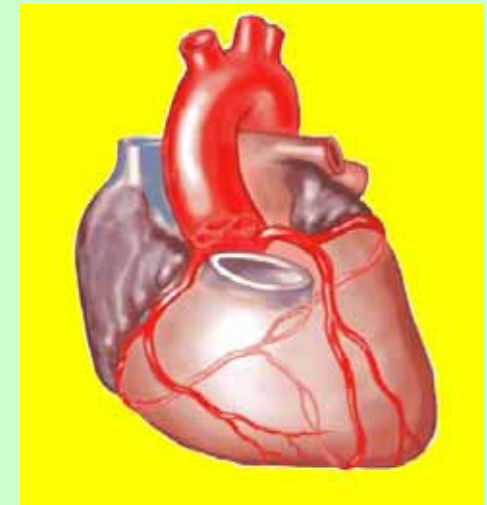
Coding Hypertension:

- Hypertension Table
 - Contains listing of conditions that are due to, or associated with, hypertension
 - Code to the unspecified column unless specific documentation that hypertension is malignant or benign



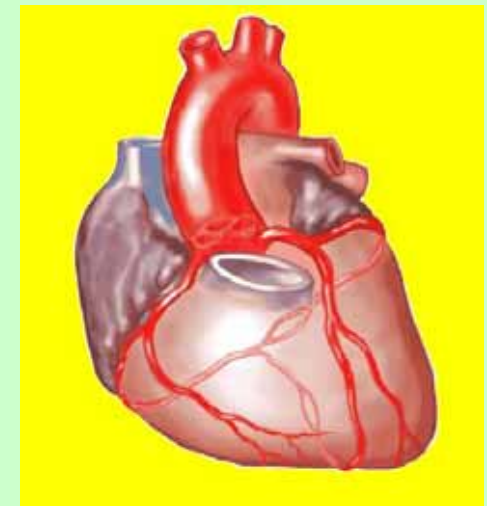
ICD-9-CM chapters: Circulatory Disorders (390-459)

- Hypertension with heart disease
 - Use category 402 when a causal relationship is:
 - Stated (i.e. due to hypertension), or
 - Implied (i.e. Hypertensive heart disease)
 - List heart failure codes (428.x) in addition to category 402 codes



ICD-9-CM chapters: Circulatory Disorders (390-459)

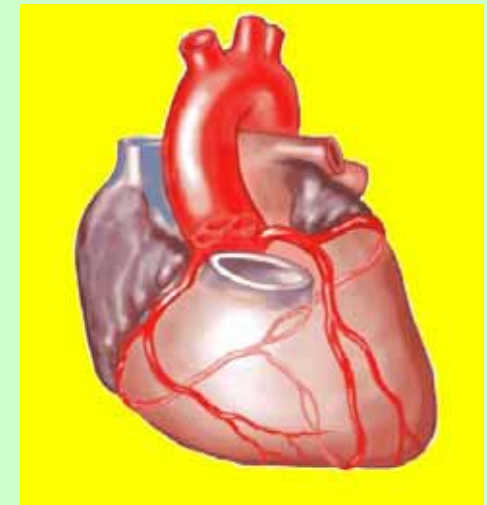
- Hypertension with chronic kidney disease or renal failure
 - Use category 403 when any condition coded to 585-587 is present with hypertension
 - Use additional code to identify the stage of chronic kidney disease (585.1-585.9)
 - 5th digit identifies the stage of CKD



ICD-9-CM chapters: Circulatory Disorders (390-459)

Coding Heart Failure:

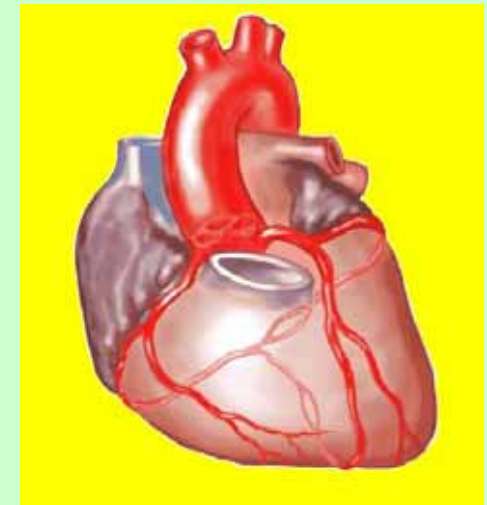
- Heart failure codes (428.x) include any associated pulmonary edema
- Left and right sided heart failure are included in 428.0
 - Cannot use both 428.0 and 428.1 at the same time
- List heart failure codes (428.x) in addition to category 402 codes (hypertensive heart disease)



ICD-9-CM chapters: Circulatory Disorders (390-459)

Coding Cardiac Pacemaker:

- Use code V53.31 for cardiac pacemaker requiring nursing monitoring and periodic physician involvement
- Use code V45.01 if cardiac pacemaker not monitored



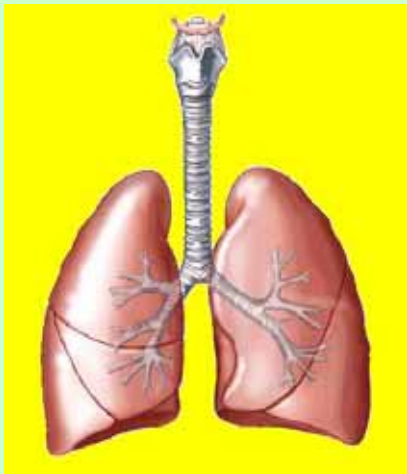
Coding Exercise: Circulatory Disorders (390-459)



- Acute subendocardial MI, following hospital stay
- Arteriosclerotic heart disease (ASHD)
- Arteriosclerotic Cardiovascular disease (ASCVD)
- Congestive Heart Failure, systolic
- CVA with aphasia, seizures
- Chronic renal failure and hypertension
- Hypertensive Heart disease with CHF

ICD-9-CM chapters: Respiratory System (460-519)

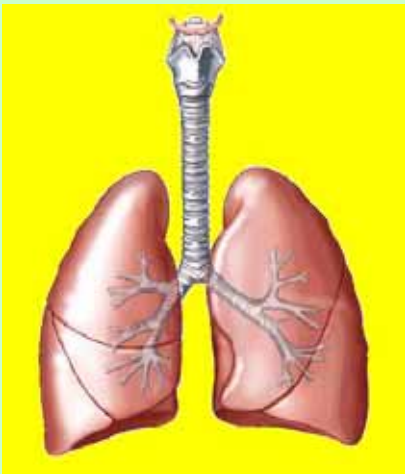
Coding Chronic Obstructive Pulmonary Disease (COPD):



- Use 491.21 for acute exacerbation
- Use 496 for unspecified COPD unless the patient also has one of the following:
 - Asthma with COPD 493.2x
 - Bronchitis with COPD 491.2x
 - COPD with acute bronchitis 491.22
 - Emphysema with COPD 492. 8

ICD-9-CM chapters: Respiratory System (460-519)

Coding Pneumonia:



- Combination codes are assigned when both the pneumonia and the causative organism is documented
- Unspecified pneumonia, 486, is assigned only when no other definitive information is available

Coding Exercise: Respiratory System (460-519)



- Chronic asthma with acute exacerbation of COPD
- Asthmatic bronchitis
- Chronic emphysema
- Chronic bronchitis in a resident with COPD

Coding Exercise: Respiratory System (460-519) cont.

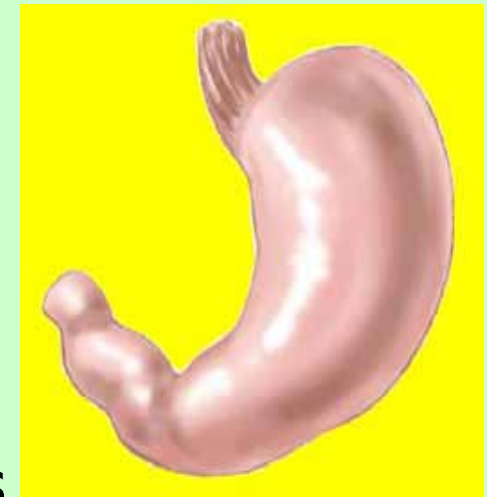


- Aspiration pneumonia due to Dysphagia
- Pseudomonas pneumonia
- Pneumonia unspecified
- Left lower lobe (LLL) pneumonia
- Lobar pneumonia

ICD-9-CM chapters: Digestive System (520-579)

Coding Conditions of the Digestive System:

- When coding Ulcers:
 - 4th digit indicates hemorrhage or perforation
 - 5th digit indicates with obstruction or without mention of obstruction
- Constipation is not Fecal Impaction
- Hernias are classified by location
- When coding Gastritis, 5th digit indicates with or without hemorrhage



Coding Exercise: Digestive System (520-579)

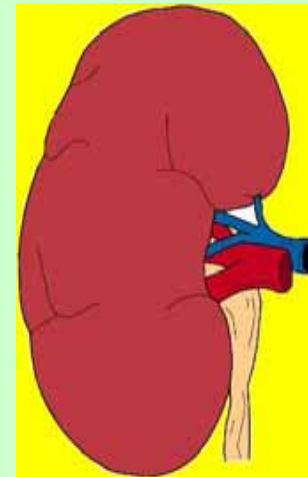
- Duodenal ulcer with hemorrhage
- GERD
- Peptic ulcer with obstruction
- Recurrent femoral hernias, bilateral
- Diverticulitis of colon



ICD-9-CM chapters: Genitourinary system (580-629)

Chronic Kidney Disease (CKD)

- Add a 4th digit to category 585 to identify the stages of kidney disease (Stage I to Stage V)
- End stage renal disease (ESRD) is coded 585.6
- Stage V CKD requiring chronic dialysis is coded 585.6



ICD-9-CM chapters: Genitourinary system (580-629)

Coding Urinary Tract Infection:

- Assign 599.0 for urinary tract infection, site unspecified
- Assign V13.02 (personal history of Urinary tract infection) for residents with a history of recurrent UTI's but no current infection



Coding Exercise: Genitourinary system (580-629)

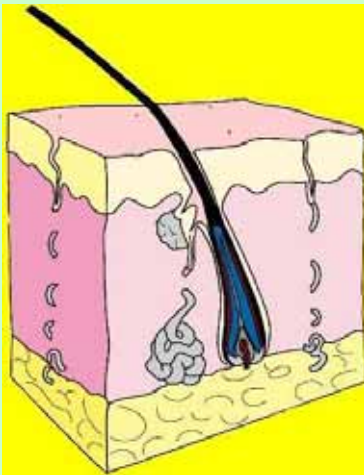


- E-coli UTI
- Chronic renal failure due to Type I Diabetes Mellitus, not stated as uncontrolled
- Benign prostatic hypertrophy (BPH) with retention
- Kidney stones with hematuria
- Chronic interstitial cystitis

ICD-9-CM chapters: Skin and subcutaneous tissue (680-709)

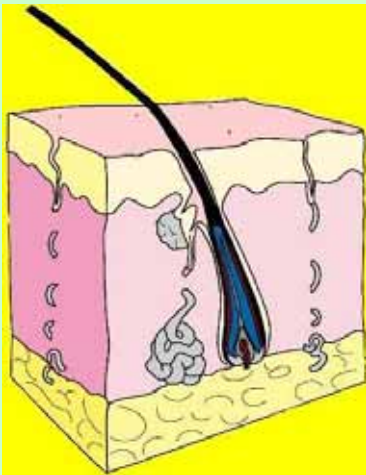
Coding Conditions of the Skin and Subcutaneous Tissue:

- Determine type of ulcer:
 - Arterial/Ischemic
 - Diabetic neuropathic
 - Pressure ulcer (decubitus)
 - Venous insufficiency (stasis)
- 5th digits indicate location of ulcer



ICD-9-CM chapters: Skin and subcutaneous tissue (680-709)

- For ulcers that are not due to pressure, include codes for etiology:
 - Atherosclerosis/arteriosclerosis
 - Diabetes
 - PVD
 - Venous hypertension
- Code ulcer and cellulitis if both are present (one may cause the other)
- Code numbers do not specify stage of ulcers (i.e. stage 1, 2, 3, or 4)



Coding Exercise: Skin and subcutaneous tissue (680-709)



- Lupus Erythematosus
- Decubitus ulcer, right hip
- Cellulitis, right finger
- Gangrenous ulcer of heel, arteriosclerotic
- Dermatitis caused by eating strawberries

ICD-9-CM chapters: Musculoskeletal system and connective tissue (710-739)



Coding Conditions of the Musculo- skeletal System and Connective Tissue:

- Codes 711-712, 715-716, 718-719, and 730 require 5th digits
 - Specifies body site associated with condition
 - See detailed definitions of 5th digits at beginning of chapter

Coding Exercise: Musculoskeletal system and connective tissue (710-739)



- Osteoarthritis (Degenerative Joint Disease (DJD)) knees
- Rheumatoid arthritis
- Osteoporosis
- Osteomyelitis of the ankle
- Osteoarthritis of the spine

ICD-9-CM chapters: Symptoms, Signs and Ill-defined conditions (780-799)

Coding Symptoms, Signs and Ill-defined Conditions:

- Codes from this category are used only when:
 - More specific diagnosis is not available
 - Etiology of problem is unknown



ICD-9-CM chapters: Symptoms, Signs and Ill-defined conditions (780-799)

- Abnormal findings reported without a definitive diagnosis
 - Listed in alphabetic index under "Findings, abnormal"
- Reason for admission, treatment or care is:
 - Manifestation of an adverse affect
 - Residual, or late effect, from a previous condition no longer present
 - Exception: Cerebrovascular Accident (CVA) see 438.xx



Coding Exercise: Symptoms, Signs and Ill-defined conditions (780-799)

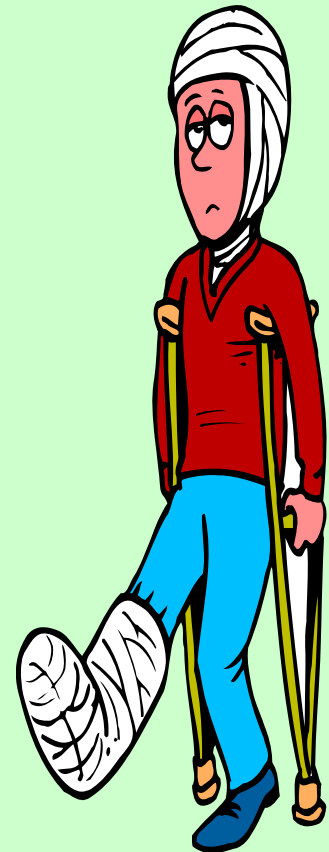
- Sleep disturbance
- Malaise, fatigue
- Gait disturbance
- Weakness
- Positive PPD
- Altered Mental Status
- Failure to thrive
- Weight loss



ICD-9-CM chapters: Injury and Poisoning, 800-999

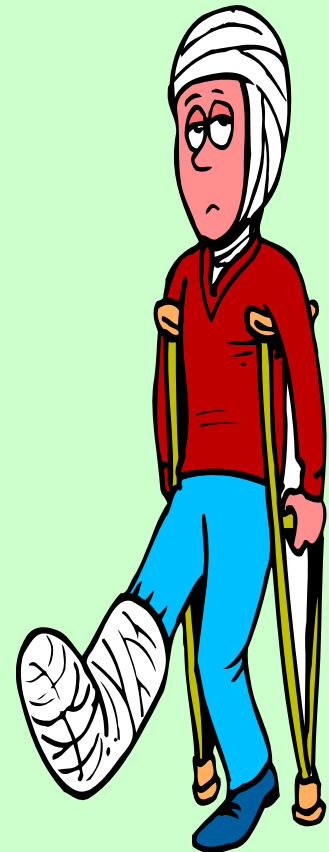
Coding Fractures:

- List V-code if admission to NF is for aftercare and rehabilitative purposes
 - Use V54.xx (admission for orthopedic aftercare following traumatic or pathologic fracture) when resident admitted to NF following hospitalization for fracture



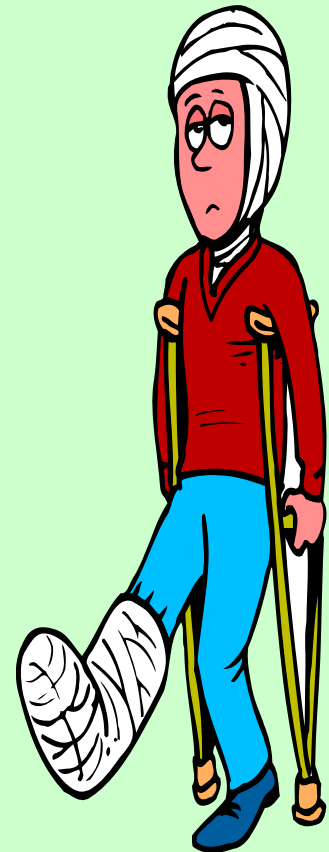
ICD-9-CM chapters: Injury and Poisoning, 800-999

- Use traumatic fracture code (800 series) if resident sustains fracture at NF and DOES NOT go the hospital or ER for diagnosis or treatment.
 - Illustrates initial episode of care for the fracture provided by NF
- **Do not use** traumatic fracture code (800 series) if fracture treated at hospital or ER



ICD-9-CM chapters: Injury and Poisoning, 800-999

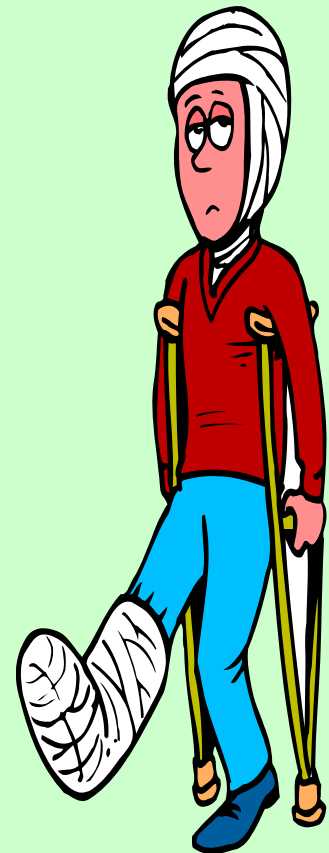
- Code fractures as 'closed' if documentation does not specify open or closed



ICD-9-CM chapters: Injury and Poisoning, 800-999

CODING COMPLICATIONS:

- Complications developed from surgical or medical care:
 - Are located in the Alphabetical Index under the heading "Complications"

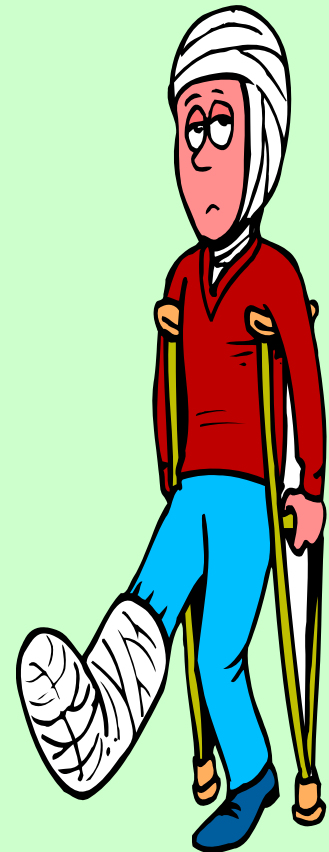


ICD-9-CM chapters: Injury and Poisoning, 800-999

- Includes complications of internal prosthetic devices, infections, and other post-operative problems.

Example:

- Dislocation of hip prosthesis – 996.42
- Infection of knee prosthesis – 996.66



ICD-9-CM chapters: Injury and Poisoning, 800-999

Coding Poisonings:

- Poisoning: reaction to drug or chemical given or taken in error (use codes 960 - 979)
 - Use first column of "Table of Drugs and Chemicals"
 - Captures poisoning by drugs, medicinal or biological substances
 - Rarely used in LTC setting



ICD-9-CM chapters: Injury and Poisoning, 800-999

Coding Adverse Effects:

- Adverse effect: reaction to a correct substance properly administered
 - Code reaction first:
 - Specified (i.e. hives – 708.9, vomiting – 787.03)
 - Unspecified (995.20)
 - Asymptomatic drug toxicity (796.0)
 - Code E-code second:
 - Use the “Therapeutic Use” column from the “Table of Drugs and Chemicals”)



Coding Exercise: Injury and Poisoning, 800-999

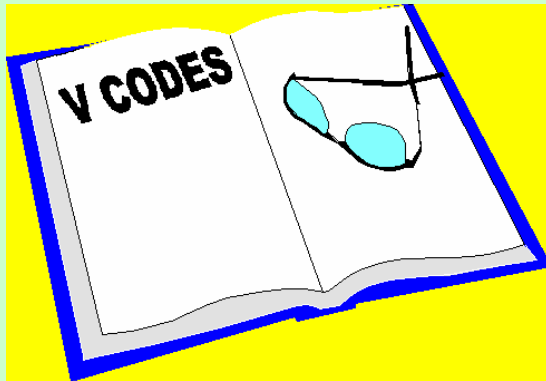
- Hives due to adverse reaction to amoxicillin
- Traumatic finger fracture (diagnosed by portable x-ray in the NF)
- Infection of dialysis shunt



V Codes (V01-V82)

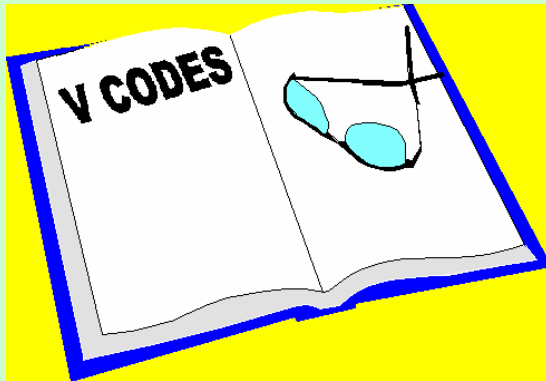
Coding with V-Codes

- V-codes: Supplementary Classification of factors influencing health status and contact with health services
 - Official Coding Guidelines allow use of V-codes
 - Coding Clinic of December 1999 recommends use of V-codes in LTC
 - Chapter 6, Section 30 of the Medicare Claims Processing Manual indicates to follow applicable V code guidelines



V Codes (V01-V82)

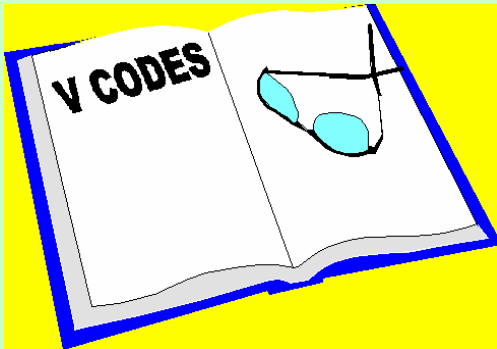
- Assign V-code as first listed, or principal, diagnosis when main reason for resident's admission or continued stay is for:
 - Rehab services (V57) Can only be used as first listed



- Radiotherapy (V58.0) or Chemo (V58.1x) Can only be used as first listed
- Orthopedic aftercare (V54)
- Surgical Aftercare (V58.4x and V58.7x)

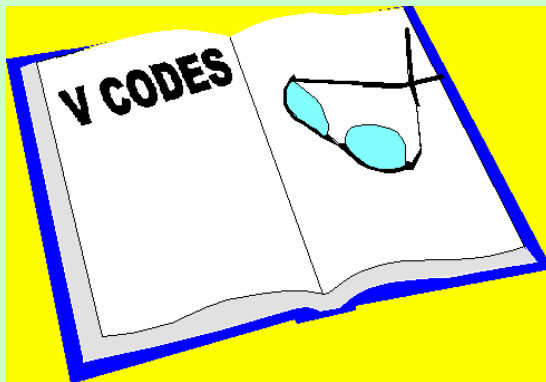
V Codes (V01-V82)

- Other V-codes that can be assigned as “first-listed” or principal diagnosis, but are typically used as secondary diagnosis in LTC include:
 - Attention and management of artificial openings (V55)
 - Amputation status (V49.6x or V49.7x)
 - Acquired absence of organ (V45.7x)
 - Monitoring therapeutic drug uses— i.e. Coumadin (V58.83)



V Codes (V01-V82)

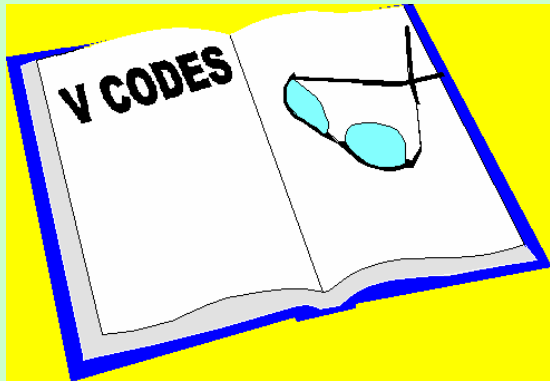
- While it is technically possible to assign the following V-codes as “first-listed” or principal diagnosis, it is ***extremely rare*** and should be discussed with your supervisor prior to code assignment:



- “History” of impacts or affects current care of the resident
 - personal history codes (range V10–V13)
 - family history (V16-V19)

V Codes (V01-V82)

- V-codes that can only be listed as secondary diagnosis include:



- Drug resistance present (V09)
- Personal history codes (range V14–V15 except V15.88 history of fall which can be first listed or additional)
- Organ replacement status (V42 or V43)
- Long term (current) drug use (V58.6x)
- Hospice (V66.7)

V Codes (V01-V82)

- Key words for locating V-codes in alphabetic index:

- Absence of

Absence

leg (acquired) V49.70
below knee V49.75

- Admission for

Admission

for -
radiation management V58.0

- Aftercare

Aftercare

fracture V54.9
healing V54.89
traumatic
hip V54.13

V Codes (V01-V82)

- Aftercare cont.

Aftercare

following surgery NEC V58.49
for
injury V58.43
joint replacement V54.81
of
circulatory system V58.73
digestive system V58.75

- Attention to

Attention to

gastrostomy V55.1

- History of

History (personal) of

falling V15.88
malignant neoplasm (of) V10.9
breast V10.3

V Codes (V01-V82)

- Long-term drug use

Long-term (current) drug use V58.69
anticoagulants V58.61

- Resistance

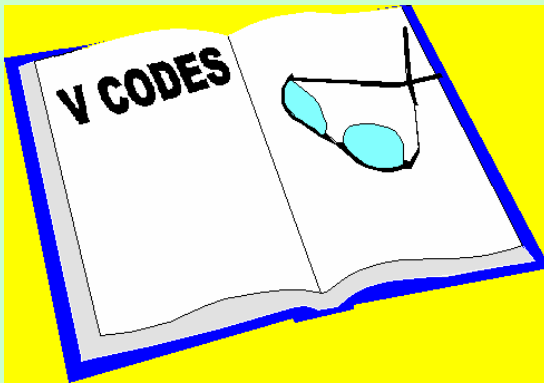
Resistance, resistant (to)
drugs by microorganisms V09.9
penicillins V09.0

- Status post

Status (post)
organ replacement
by artificial or mechanical device or
prosthesis of
joint V43.60
hip (partial) (total) V43.64
knee V43.65

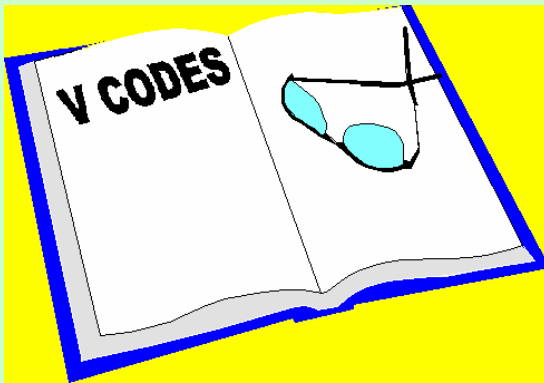
V Codes (V01-V82)

- Using Code V57.xx in LTC:
 - Assign code from V57.xx (care involving use of rehabilitative procedures) if resident is admitted specifically for rehabilitative therapy
 - Use additional code(s) to identify underlying condition(s)
 - Use V57.89 (multiple therapies) when two or more therapies services are provided



V Codes (V01-V82)

- V57.xx is:
 - First listed, or principal, diagnosis for admission if resident admitted primarily for therapy intervention – Can only be used as first listed (FI 67 on UB 92)
 - Not used as a therapy medical diagnosis
 - Coupled with codes for medical conditions (related to the need for therapy) and a treatment diagnosis



Coding Exercise: V Codes (V01-V85)



- Pathologic fracture vertebrae
- Colostomy care and management
- Personal history of colon cancer
- Below Knee Amputation
- Aftercare traumatic hip fracture
- Aftercare, pathologic ulna fracture
- Long term drug use, antibiotic
- Status post ventricular peritoneal shunt
- Hip replacement for hip fracture due to a fall

E Codes (External Cause)

Coding with E-codes

- E-codes: Supplementary classification of external causes of injury, adverse effects of drugs and poisonings



E Codes (External Cause)

- E codes:
 - Identify adverse effects of medications properly administered

Example:

- Digitalis toxicity (no identified symptoms) – 796.0, E942.1



- Are not required, nor generally used, in LTC
- Are not used as first listed (principal) diagnosis

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Primary Contributors to this training:

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 - Jeff Randall, RHIA
 - Jan White, RN BSN

References...

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American Hospital Association. *(specific dates/issues as referenced in slides)*

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Lefert, Charlotte A. and Blevins, Ida K., AHIMA