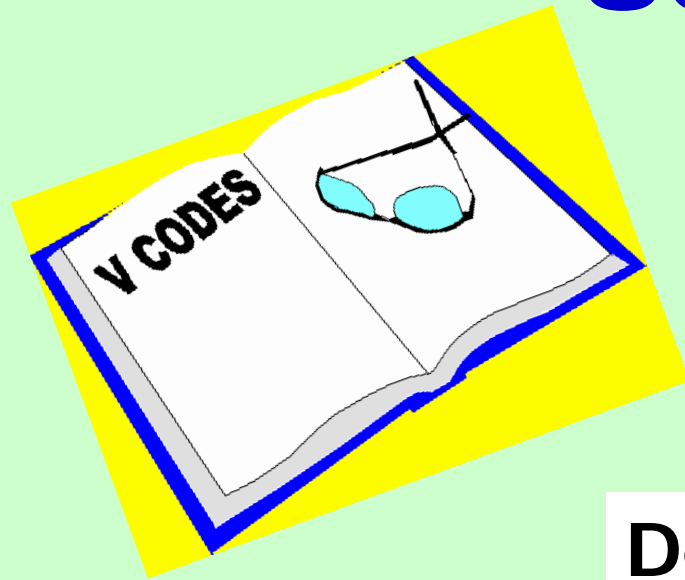


Using V Codes in LTC



Developed By:

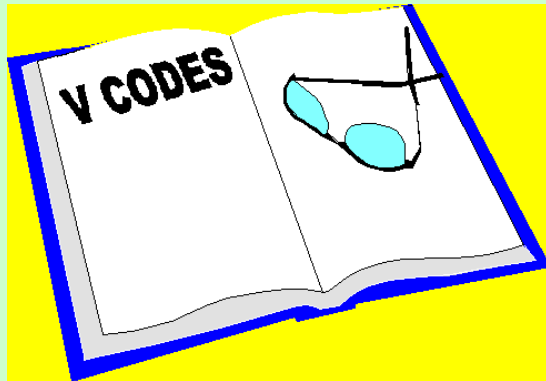


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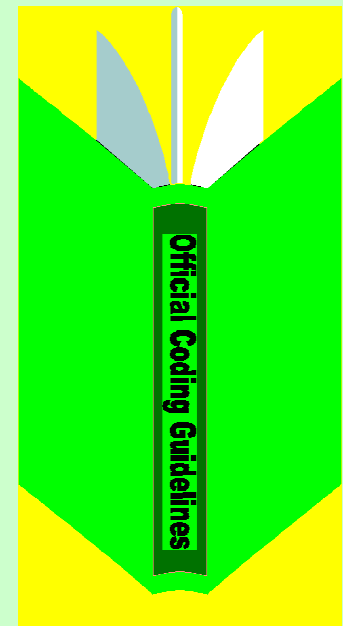
V Codes

- Supplementary Classification of factors influencing health status and contact with health services
- Instructions for use provided in:
 - Official Coding Guidelines (allow use of V Codes)
 - Coding Clinic Fourth Quarter 1999 provided guidance on use of V Codes in LTC
 - Chapter 6, Section 30 of the Medicare Claims Processing Manual instructs to use appropriate V codes



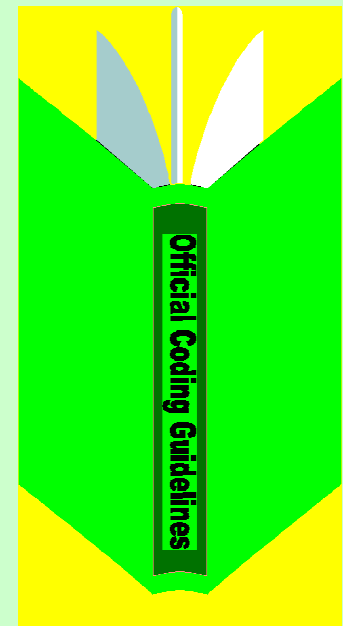
Official Coding Guidelines

- ICD-9-CM Official Guidelines for Coding & Reporting
 - Developed by:
 - Centers for Medicare & Medicaid Services (CMS)
 - National Center for Health Statistics (NCHS)
 - Approved by the Cooperating Parties
 - CMS
 - NCHS
 - American Health Information Management Association (AHIMA)
 - American Hospital Association (AHA)



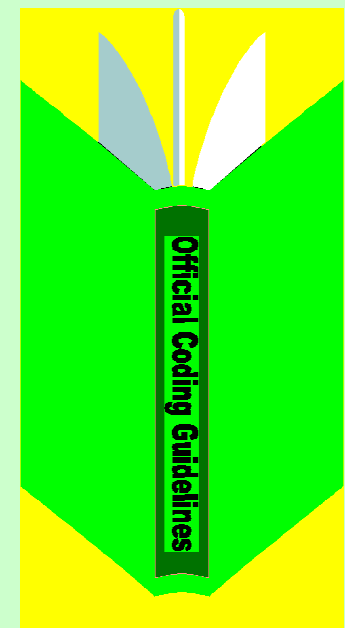
Official Coding Guidelines

- Published on Center for Disease Control & Prevention (CDC) web site
- Must be followed per HIPAA Transaction & Code Set (TCS) rule and per Section I coding instructions in the RAI manual
- Developed to assist in coding and reporting situations where the ICD-9-CM code book does not provide direction
 - Instructions published in code book Volumes 1, 2, & 3 take precedence over any guidelines



Official Coding Guidelines

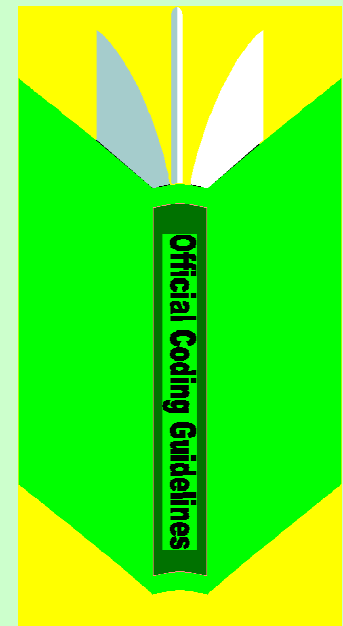
- Section I, General Coding Guidelines
 - Categories of V codes, Aftercare
 - Used when:
 - Initial treatment of disease or active treatment of injury has been performed, *and*
 - Continued care required during the healing or recovery phase, *or*
 - Continued care required for the long-term consequences of the disease
 - DO NOT use if treatment is directed at a current, acute disease or injury
 - Use diagnosis code for current disease/injury



Coding Clinic

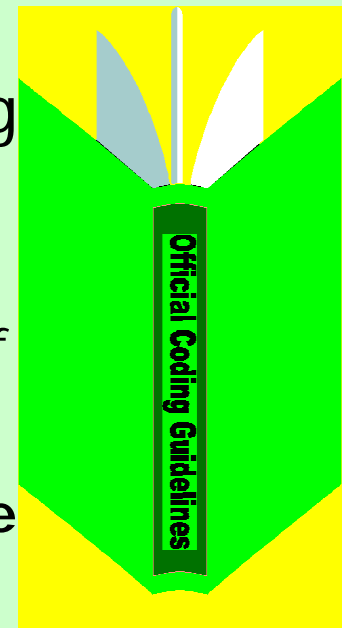
AHA Coding Clinic

- Published quarterly
- Provides guidance on use of ICD-9-CM codes
- Content approved by:
 - National Center for Health Statistics (NCHS)
 - Centers for Medicare & Medicaid Services (CMS)
 - American Health Information Management Association (AHIMA)
 - American Hospital Association (AHA)



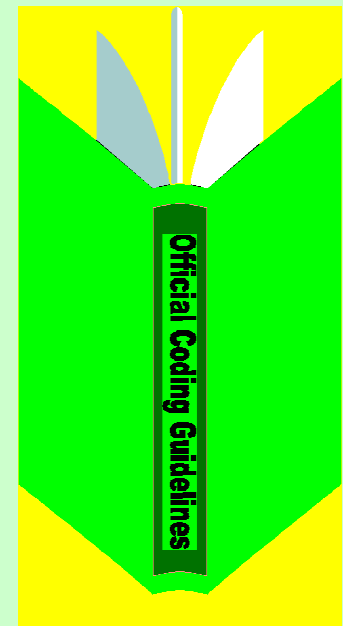
Coding Clinic

- Coding Clinic, Fourth Quarter 1999
 - Rules for using V codes published
 - Addressed use of V Codes in LTC
- Coding Clinic, Fourth Quarter 2003:
 - Further clarified coding fractures in the healing phase:
 - Guidelines require use of aftercare (V) code for all subsequent encounters after the active treatment of fracture
 - For statistical purposes, **a fracture should only be once**



Coding Clinic

- Coding Clinic, future issues
 - Article on V codes to be published each fourth quarter to instruct coders on:
 - New V codes that will become effective each October 1
 - Any pertinent changes to V codes that will be included in the Official Coding Guidelines



Medlearn Matters MM3664

- CMS published this Medlearn Matters article based on changes to the Medicare Claims Processing Manual Chapter 6, Section 30
- This article includes information provided in Change Request (CR) 3664 which revises the manual to include coding guidance for SNFs



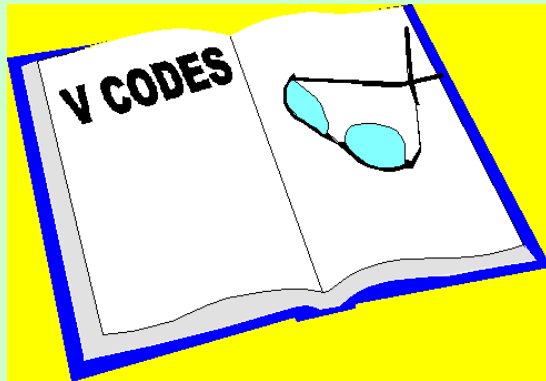
Medlearn Matters MM3664

Coding guidance for SNFs

- Principal Diagnosis Code- Code must be reported according to Official ICD-9-CM Guidelines, including appropriate use of V-codes
- Other Diagnosis Codes Required- CMS does not have additional requirements regarding reporting or sequencing of codes

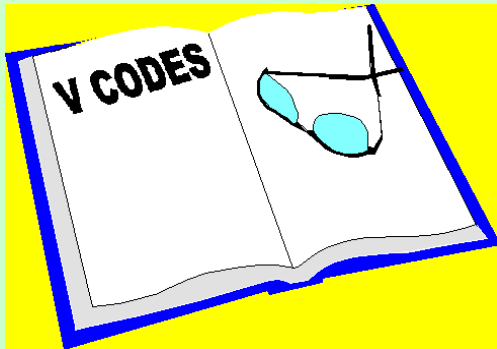
V Codes (V01-V82)

- 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
 - Orthopedic aftercare (V54) Can be listed first or additional
 - Surgical Aftercare (V58.4x and V58.7x) Can be listed as first or additional dx



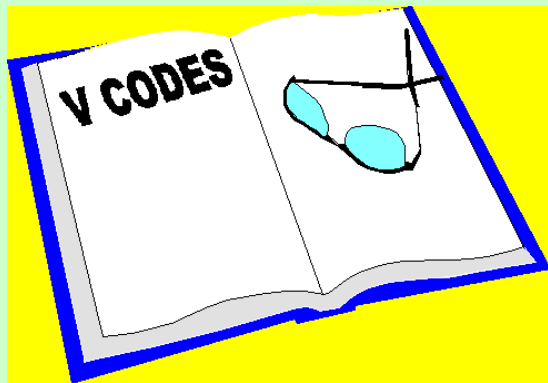
V Codes (V01-V82)

- 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)

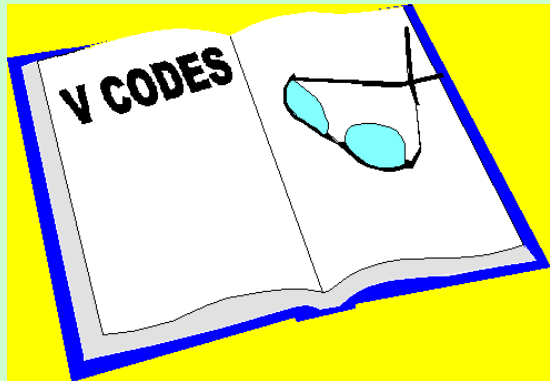
- While it is technically possible to assign the following V Codes as “first-listed” or principal diagnosis, it is ***extremely rare*** and should be discussed with your supervisor prior to code assignment:



- “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 -
pacemaker, cardiac V53.31

- 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

malignant neoplasm (of) V10.9
breast V10.3

V Codes (V01-V82)

- Long-term drug use

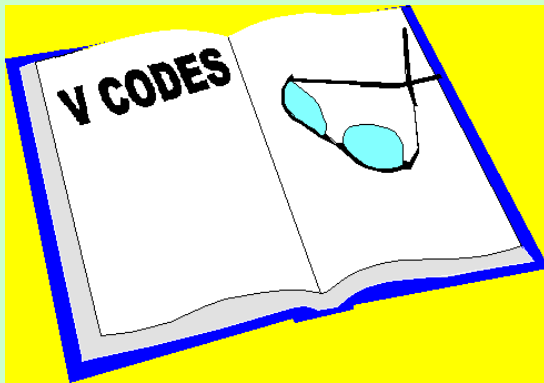
Long-term (current) drug use V58.69
anticoagulants V58.61

- 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

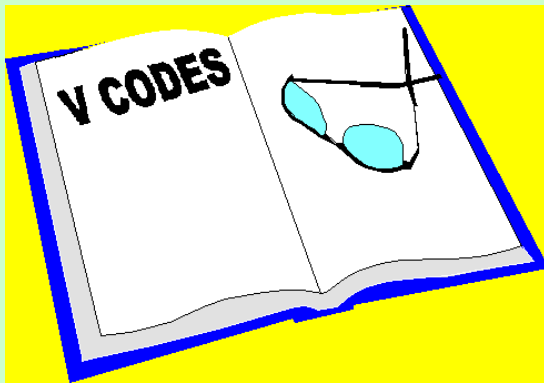
V Codes (V01-V82)

- 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 V57.89 (multiple therapies) when two or more therapies services are provided
 - Use additional code(s) to identify underlying condition(s)



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
 - Coupled with codes for medical conditions (related to the need for therapy) and a treatment diagnosis
 - Not used as a therapy medical diagnosis



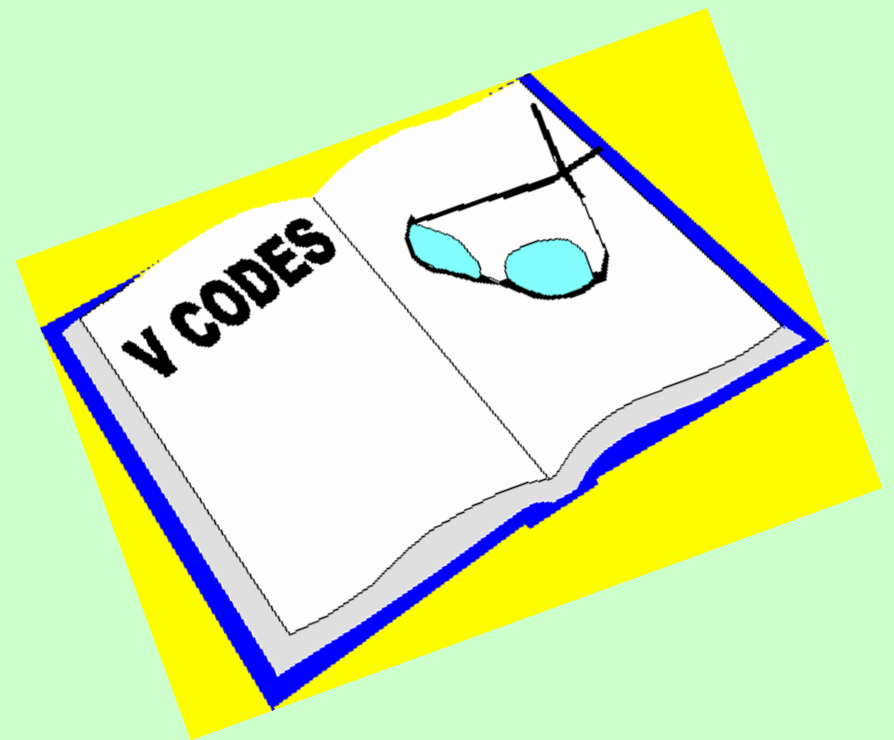
Coding Exercise

V Codes (V01-V82)

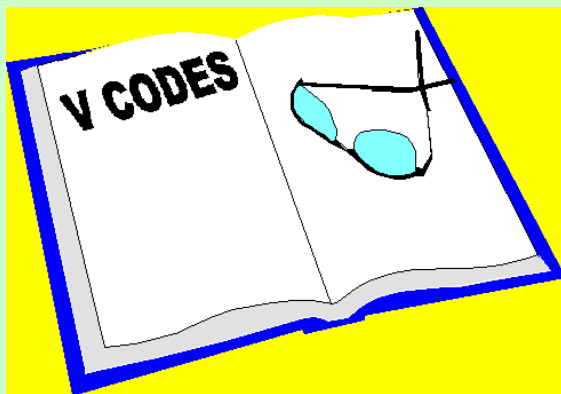


- Pathologic fracture vertebrae
- Colostomy care and management
- Personal history of colon cancer
- Below knee amputation (BKA)
- Aftercare traumatic hip fracture
- Aftercare, pathologic ulna fracture
- Long term drug use, antibiotic
- Status post ventricular peritoneal shunt
- Hip replacement for hip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

To 'V'
or
Not to 'V'

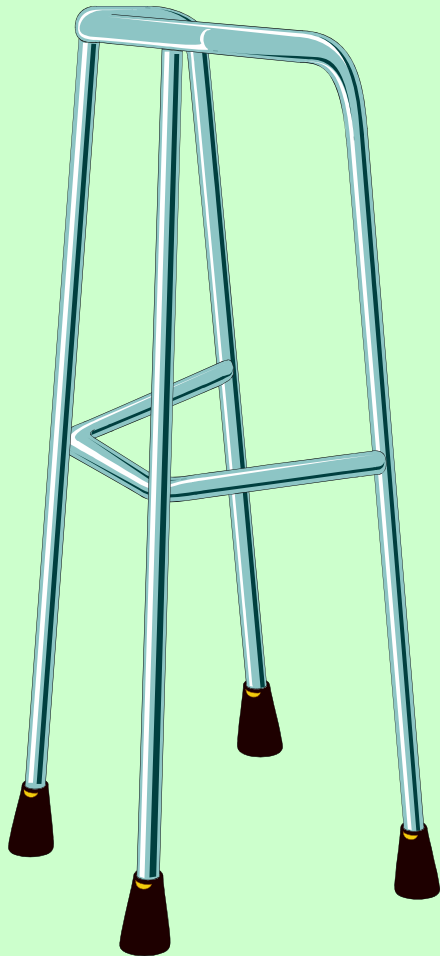


To 'V' or Not to 'V'



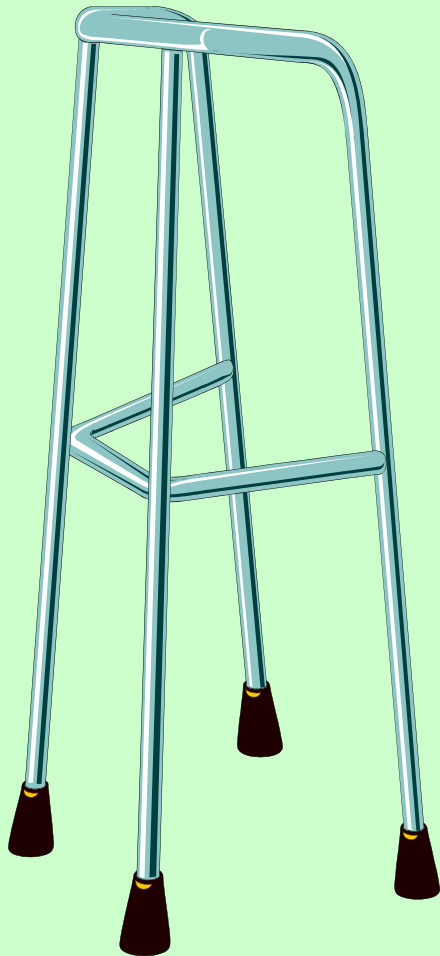
- Apply V code expansion to coding scenarios
- Develop consistency of data between the health record (diagnosis list), the MDS, and the UB-04

To 'V' or Not to 'V': Scenario #1



- A resident is admitted for physical therapy following a hip replacement for an intertrochanteric right hip fracture due to a fall.

To 'V' or Not to 'V': Scenario #1



- A resident is admitted for physical therapy following a hip replacement for an intertrochanteric right hip fracture due to a fall.

To 'V' or Not to 'V': Scenario #1

Physical therapy:

- V57.1 Physical Therapy

Hip replacement:

- V54.81 Aftercare following joint replacement due to fx (fx is not coded since it is repaired with prosthesis)
- V43.64 Joint replacement, hip

To 'V' or Not to 'V': Scenario #1

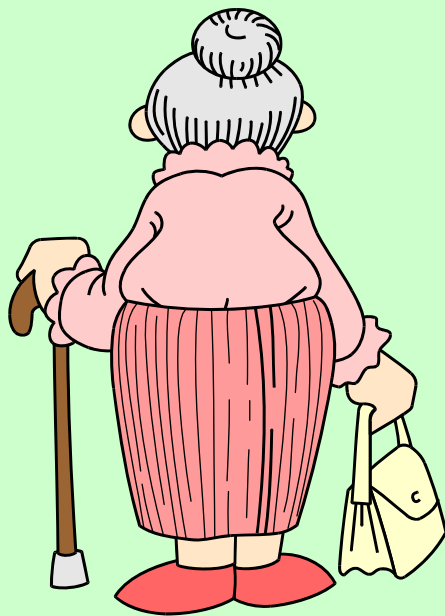
- Diagnosis List
 - V57.1
 - V54.81
 - V43.64
 - V15.88
- MDS
 - I-1m (hip fracture)
 - I-3: V54.81, V43.64, V15.88
- UB-04
 - V57.1, V54.81, V43.64, V15.88

To 'V' or Not to 'V': Scenario #2



- A resident is admitted for P.T. & O.T. following a hip fracture after a fall. The physician indicated that the fracture was due to osteoporosis. The Discharge Summary stated that old compression fractures of the vertebrae due to osteoporosis were present on x-ray.

To 'V' or Not to 'V': Scenario #2



- A resident is admitted for P.T. & O.T. following a hip fracture after a fall. The physician indicated that the fracture was due to osteoporosis. The Discharge Summary stated that old compression fractures of the vertebrae due to osteoporosis were present on x-ray.

To 'V' or Not to 'V': Scenario #2

Physical Therapy and Occupational Therapy

- V57.89 Multiple therapies

Hip Fracture (due to osteoporosis)

- V54.23 Aftercare for continuing treatment of healing pathologic fracture of hip

Osteoporosis

- 733.00 Osteoporosis

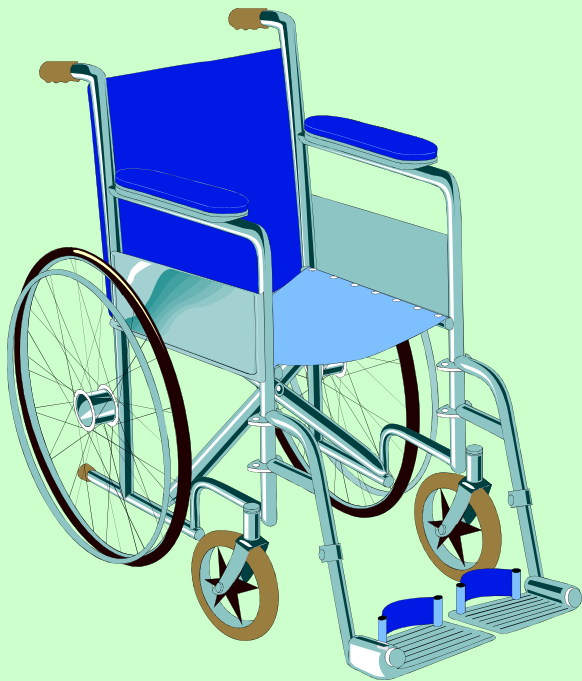
Compression fractures of vertebrae

- V54.27 Pathologic fractures of vertebrae

To 'V' or Not to 'V': Scenario #2

- Diagnosis List
 - V57.89
 - V54.23
 - 733.00
 - V54.27
- MDS
 - I-1m (hip fracture); I-1p (pathological fx); I-1-o (osteoporosis)
 - I-3: V54.23, V54.27
- UB-04
 - V57.89, V54.23, 733.00, V54.27

To 'V' or Not to 'V': Scenario #3



- A resident is admitted for physical therapy following knee replacement due to degenerative joint disease of the knees.

To 'V' or Not to 'V': Scenario #3



- A resident is admitted for physical therapy following knee replacement due to degenerative joint disease of the knees.

To 'V' or Not to 'V': Scenario #3

Physical Therapy

- V57.1 Physical Therapy

Knee Replacement

- V54.81 Aftercare following joint replacement, knee
- V43.65 Joint replacement, knee

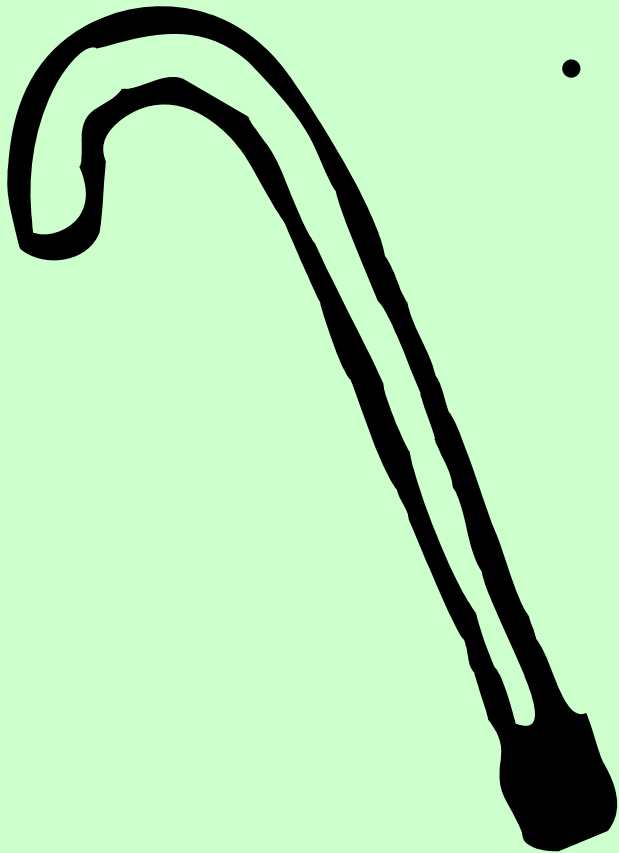
Degenerative joint disease of knees

- 715.36 Degenerative joint disease, knees

To 'V' or Not to 'V': Scenario #3

- Diagnosis List
 - V57.1
 - V54.81
 - V43.65
 - 715.36
- MDS
 - I-1I (arthritis)
 - I-3: V54.81, V43.65, 715.36
- UB-04
 - V57.1, V54.81, V43.65, 715.36

To 'V' or Not to 'V': Scenario #4



- A resident is admitted for P.T. & O.T. following transurethral resection of the prostate (TURP).

To 'V' or Not to 'V': Scenario #4



- A resident is admitted for P.T. & O.T. following transurethral resection of the prostate (TURP).

To 'V' or Not to 'V': Scenario #4

Physical Therapy and Occupational Therapy

- V57.89 Multiple therapies, P.T. & O.T.

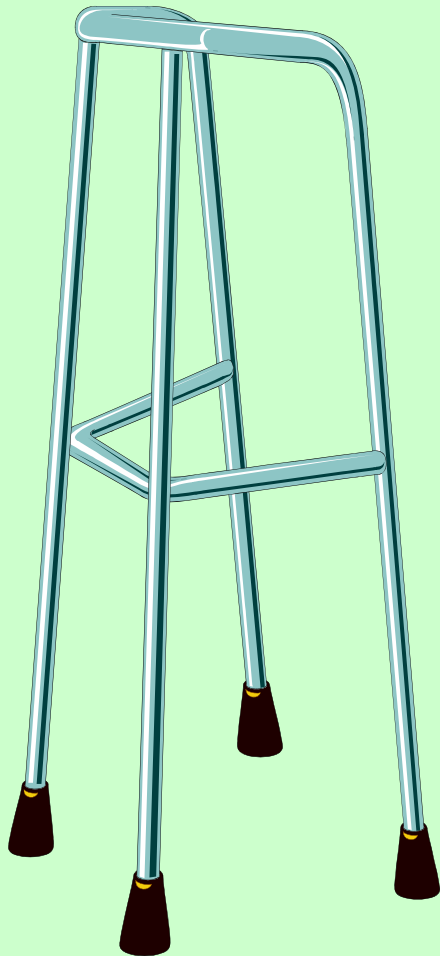
Status post transurethral resection of prostate

- V58.76 Aftercare following surgery of the genitourinary system, NEC (TURP)

To 'V' or Not to 'V': Scenario #4

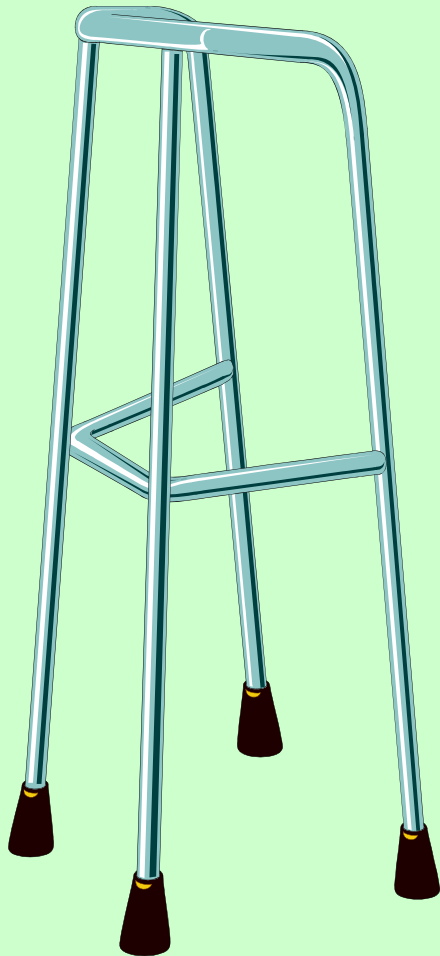
- Diagnosis List
 - V57.89
 - V58.76
- MDS
 - I-3: V58.76
- UB-04
 - V57.89, V58.76

To 'V' or Not to 'V': Scenario #5



- A resident is admitted for P.T. & O.T. following aortocoronary artery bypass graft surgery due to coronary artery disease.

To 'V' or Not to 'V': Scenario #5



- A resident is admitted for P.T. & O.T. following aortocoronary artery bypass graft surgery due to coronary artery disease.

To 'V' or Not to 'V': Scenario #5

Physical Therapy and Occupational Therapy

- V57.89 Multiple therapies, P.T. & O.T.

Status post aortocoronary bypass graft

- V58.73 Aftercare following surgery of the circulatory system, NEC (CABG)
- V45.81 Aortocoronary bypass status

Coronary artery disease

- 414.00 Coronary artery disease

To 'V' or Not to 'V': Scenario #5

- Diagnosis List
 - V57.89
 - V58.73
 - V45.81
 - 414.00
- MDS
 - I-1d (ASHD)
 - I-3: V58.73, V45.81
- UB-04
 - V57.89, V58.73, V45.81, 414.00

To 'V' or Not to 'V': Scenario #6



- A resident is admitted for P.T. & O.T. following a below knee amputation of the left leg due to peripheral vascular disease secondary to Type II Diabetes Mellitus.

To 'V' or Not to 'V': Scenario #6



- A resident is admitted for P.T. & O.T. following a below knee amputation of the left leg due to peripheral vascular disease secondary to Type II Diabetes Mellitus.

To 'V' or Not to 'V': Scenario #6

Physical Therapy and Occupational Therapy

- V57.89 Multiple therapies, P.T., O. T.

Below knee amputation

- V54.89 Aftercare for amputation stump
- V49.75 Lower limb amputation status, below knee

Peripheral vascular disease secondary to Type II diabetes mellitus

- 250.70 Diabetes with peripheral circulatory disorders
- 443.81 Peripheral vascular disease 2° Type II Diabetes Mellitus

To 'V' or Not to 'V': Scenario #6

- Diagnosis List
 - V57.89
 - V54.89
 - V49.75
 - 250.70
 - 443.81
- MDS
 - I-1a (DM); I-1j (PVD); I-1n (missing limb)
 - I-3: V54.89; V49.75, 250.70, 443.81
- UB-04
 - V57.89, V54.89, V49.75, 250.70, 443.81

To 'V' or Not to 'V': Scenario #7



- A resident is admitted for aftercare following a bowel resection due to an obstruction determined to be carcinoma of the colon. A colostomy was performed. Chemotherapy is being discussed. P.T. & O.T. will be started in one week.

To 'V' or Not to 'V': Scenario #7



- A resident is admitted for aftercare following a bowel resection due to an obstruction determined to be carcinoma of the colon. A colostomy was performed. Chemotherapy is being discussed. P.T. & O.T. will be started in one week.

To 'V' or Not to 'V': Scenario #7

Status post bowel resection due to carcinoma of colon

- V58.42 Aftercare following surgery for neoplasm

Colostomy

- V55.3 Attention to colostomy

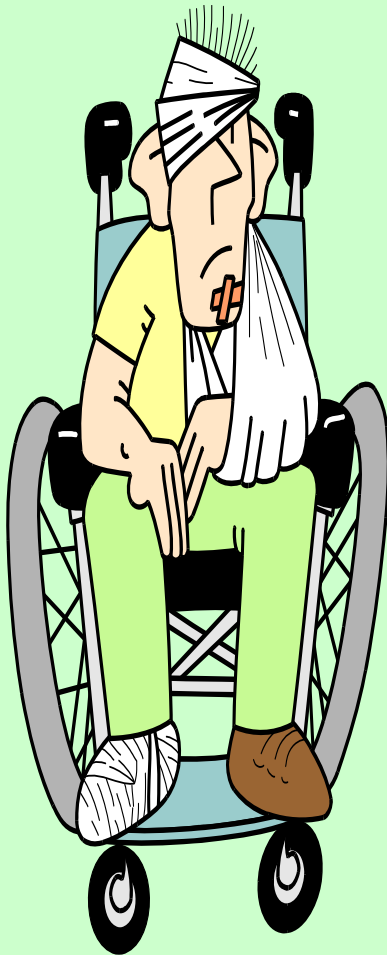
Carcinoma of the colon

- 153.9 Malignant neoplasm of colon, unspecified

To 'V' or Not to 'V': Scenario #7

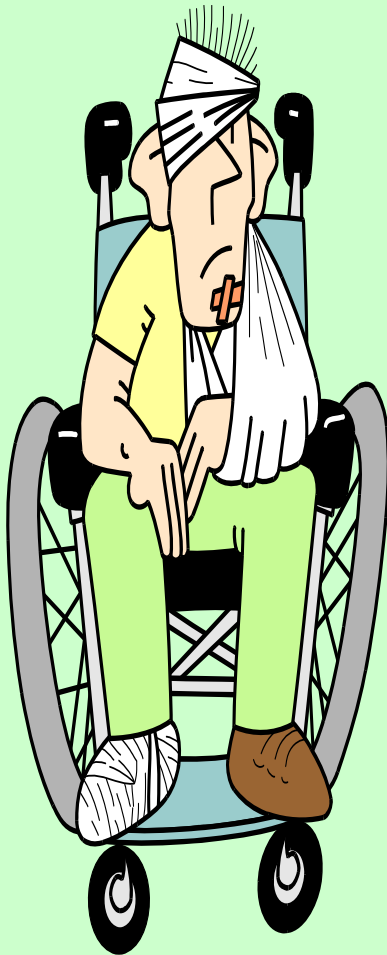
- Diagnosis List
 - V58.42
 - V55.3
 - 153.9
- MDS
 - H-3i (ostomy present)
 - I-1pp (Cancer)
 - I-3: V58.42, 153.9
- UB-04
 - V58.42, V55.3, 153.9

To 'V' or Not to 'V': Scenario #8



- A 23-year old man is admitted for P.T., O.T., and Speech for traumatic brain injury following a motor vehicle accident one month ago. Patient had surgery to remove blood clot.

To 'V' or Not to 'V': Scenario #8



- A 23-year old man is admitted for P.T., O.T., and Speech for traumatic brain injury following a motor vehicle accident one month ago. Patient had surgery to remove blood clot.

To 'V' or Not to 'V': Scenario #8

Physical, Occupational, and Speech Therapy

- V57.89 Multiple therapies, P.T., O.T., SLP

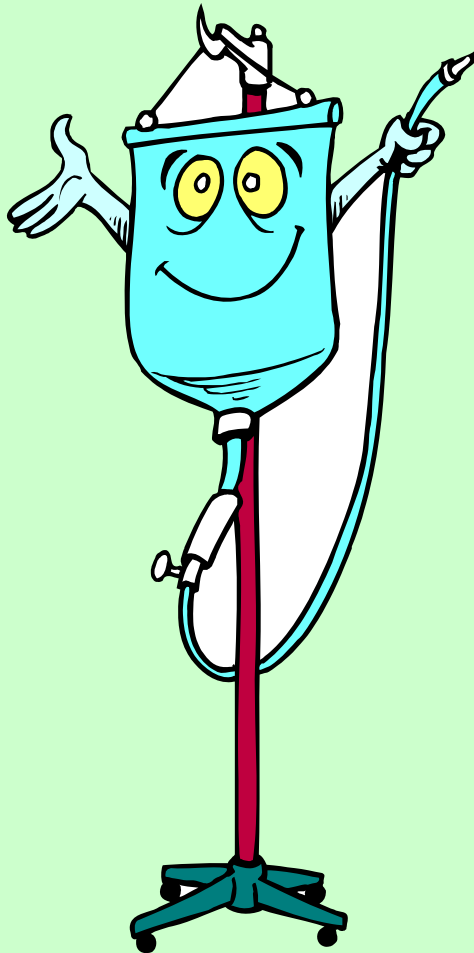
Status post surgery to remove blood clot

- V58.43 Aftercare following surgery for injury and trauma – conditions classifiable to 800-999 (blood clot due to MVA)

To 'V' or Not to 'V': Scenario #8

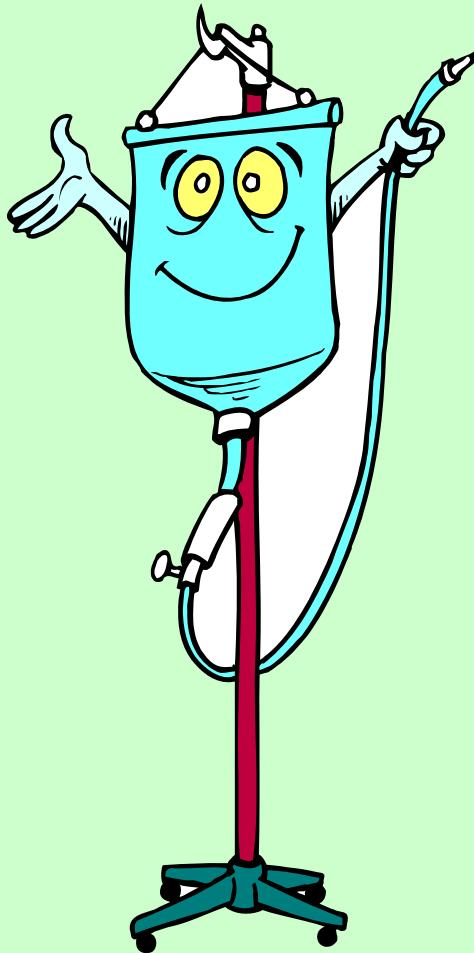
- Diagnosis List
 - V57.89
 - V58.43
- MDS
 - I-1cc (Traumatic brain injury)
- UB-04
 - V57.89, V58.43

To 'V' or Not to 'V': Scenario #9



- A resident is admitted for continuing treatment following infection surrounding a knee prosthesis. Resident is receiving Vancomycin for MRSA.

To 'V' or Not to 'V': Scenario #9



- A resident is admitted for continuing treatment following infection surrounding a knee prosthesis . Resident is receiving Vancomycin for MRSA.

To 'V' or Not to 'V': Scenario #9

Infection surrounding a knee prosthesis

- 996.66 Infection & inflammation reaction due to internal joint prosthesis
- V43.65 Joint replacement, knee

MRSA

- 041.12 Methicillin resistant Staphylococcus aureus

To 'V' or Not to 'V': Scenario #9

- Diagnosis List
 - 996.66
 - V43.65
 - 041.12

- MDS
 - I-2a (Antibiotic resistant infection)
 - I-3: 996.66, V43.65, 041.12

- UB-04
 - 996.66, V43.65, 041.12

Acknowledgments...

Primary Contributors to this training:

- Monica Baggio Tormey, RHIA, CHP
- Linda Bauer, RHIA
- Michelle Dougherty, RHIA, CHP
- Jamie Husher, RHIA
- Debbie Johnson, RHIT, CHP
- Charlotte Lefert, RHIA
- Sue Mitchell, RHIA
- Cheryl Olson, RHIA
- Donna Smith, RHIA
- Jen Sundby, RHIA

Acknowledgments...

- Additional Contributors to this training:
 - Barbara Demster, RHIA
 - Linda Gary, RHIT
 - Valerie Lynn, RHIT
 - 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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James, Ella, AHIMA
- ICD-9-CM Diagnostic Coding for Long-Term Care and Home Care.
Charlotte Lefert, Ida K. Blevins, AHIMA