Using V Codes in LTC

Developed By: LTC CONSORTIUM
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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
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 a fracture
    - For statistical purposes, a fracture should only be coded 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
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.**
  - **Attention to** gastrostomy V55.1
  - **History of** malignant neoplasm (of) breast V10.3
  - **History (personal of)**
    - malignant neoplasm (of) V10.9
    - breast V10.3
  - **Aftercare**
    - following surgery NEC V58.49
    - for injury V58.43
    - joint replacement V54.81
    - of circulatory system V58.73
    - digestive system V58.75
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

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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 (osteooporosis)
  - I-3: V54.23, V54.27

- UB-04
  - V57.89, V54.23, 733.00, V54.27
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-1l (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

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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.
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
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
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References…

- **ICD-9-CM Official Guidelines for Coding and Reporting.**
  

**Coding Clinic for ICD-9-CM**

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


- Documentation and Reimbursement for Long-Term Care. James, Ella, AHIMA

- ICD-9-CM Diagnostic Coding for Long-Term Care and Home Care. Charlotte Lefert, Ida K. Blevins, AHIMA