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V Codes & When to Use Them

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V CODES WHEN TO USE THEM

V codes have a bad reputation as a series that doesn't often bring reimbursement. But they're frequently the correct as well as ethical diagnosis choice, and many payers do reimburse for procedures and services linked to them.

The ICD-9-CM manual instructs you to use V codes as the primary diagnosis in two situations:

- when an asymptomatic, healthy patient comes in for a specific purpose, such as an annual exam, or
- when a patient with a known disease or injury comes for specific treatment of that disease or injury such as dialysis for renal disease.

Doctors who shy away from the V codes sometimes search for an active disease code to use, thinking the patient's insurer won't pay if a V code is used as the primary diagnosis. Whether your patient's insurer accepts the code shouldn't be the deciding factor in selecting a diagnosis code instead, physicians should carefully ascertain the reason for the visit.

Choose a V code also for the regular effectiveness and toxicity tests given to patients who take long-term, high-risk drugs. For example, V58.61 (long-term [current] use of anticoagulants) is the right code for a visit to monitor medication levels in a patient receiving warfarin. This is your primary diagnosis code. It's the flag that tells the payer why you did the prothrombin time, or PT, test. Medicare will usually pay for this code for monitoring patients receiving other drugs too, such as tamoxifen, digoxin, or heparin over extended periods.

Other V codes are used most often as secondary codes after active disease codes. Some V codes are not meant to be primary codes. They're meant to give extra information and provide supportive evidence for the treatment you're providing. For instance, a patient who had breast cancer 20 years ago comes in with a lump in the breast. The primary code would be 611.72 (lump or mass in breast), but the physician would also use V10.3 (personal history of malignant neoplasm; breast) to back up a decision to send the patient for immediate diagnostic tests.

The V code validates that there's something that justifies all we plan to do. It also further explains an accident, disease, or injury and the treatment. For example, a patient comes to the office after stepping on a rusty nail. The primary diagnosis would be the injury code, but you'd also use V03.7 (need for prophylactic vaccination and inoculation
against bacterial diseases; tetanus toxoid alone) to show that you gave the tetanus vaccine as a prophylactic measure, not as a routine booster.

One of the most confusing V code series is V10.x (personal history of malignant neoplasm) because it can be difficult to pinpoint when cancer becomes "personal history." Many doctors don't understand when to use the active disease codes and when to use the inactive ones. Unfortunately, there are no black-and-white answers. Generally, use an active disease code instead of the V10 series when the patient has completed chemotherapy recently and the outcome is not known. Use the V10 series after the patient's cancer is inactive and no longer under treatment. For instance, a new patient mentions a history of prostate cancer 10 years ago. You'd use V10.46 (personal history of malignant neoplasm; prostate) as a secondary diagnosis code at the initial visit. It is suggested using the V10 series when the active period of treatment has ended and the cancer hasn't recurred. If it's been one to two years since the patient was treated for active cancer, then you'd go to 'personal history of'.

Using an active disease code instead of a V code when a patient is cancer-free can cause major problems for the patient. Sometimes, a physician will inadvertently saddle a patient with a breast cancer diagnosis by choosing an active breast cancer code in the 174 or 175 series when it should have been indicated that the patient has a personal history of breast cancer (V10.3) or a family history of breast cancer (V16 series). To label a patient as having breast, ovarian, or prostate cancer when it's no longer active can have repercussions. The mistake can be costly for the patient. It can have an impact if that person goes out to get life insurance, for example. Or if the patient has to change carriers, he or she may be rated higher and have to pay more.

Remember whether the insurer accepts a code shouldn't be the deciding factor in selecting a diagnosis code and especially a V code if that is the correct diagnosis code.
V Codes & When To Use Them

1. The ICD-9 manual instructs to use V codes as primary diagnosis in two situations:
   a. when a healthy asymptomatic patient comes in for specific reason
   b. when a patient comes in for treatment of a known disease.
   c. when the doctor and coding staff are unable to find a corresponding code
   d. a and b

2. Whether the patient's insurer accepts V codes should be the deciding factor in their usage.
   a. T
   b. F

3. A patient arrives in the office to have her Coumadin levels monitored. The correct code to report is:
   a. V58.16
   b. V58.26
   c. V53.61
   d. V58.61

4. V codes are always meant to be used as primary codes.
   a. T
   b. F

5. A patient comes to the office with a lump in her breast. She is a breast cancer survivor for ten years. The correct coding for this scenario would be:
   a. 611.72
   b. V10.3
   c. a and b
   d. none of the above
6. A patient comes to the office after getting a fishhook stuck in his hand. It is determined the injury does not need sutures but the patient has not had a tetanus booster. A tetanus injection is administered. In addition to the E/M and injection code, what V codes would be used?
   a. V30.7
   b. V73.0
   c. V03.7

7. A new patient explains to the physician he had prostate cancer five years ago. In addition to the appropriate E/M code the V code assigned would be.
   a. V10.64
   b. V10.46
   c. V16.40
   d. none of the above

8. A patient explains she had breast cancer six months ago and been cancer free since finishing her chemo treatments the appropriate code assignment would be:
   a. V10.3
   b. a code in the 174 or 175 series
   c. a code in the V16 series
   d. none of the above

9. Labeling a patient with cancer when it is no longer active can have repercussions. It can:
   a. be costly to the patient
   b. have a negative impact in securing life insurance
   c. impact medical insurance premiums.
   d. all of the above.

10. The biggest reason coders give for not using V codes even when they are the only code to use is:
    a. they should never be used
    b. they are usually not reimbursable
    c. they can't be linked correctly
    d. none of the above.