



## ICD-9-CM CODING FUNDAMENTALS V-CODES FACT SHEET

### ICD-9-CM 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 of December 1999 (recommends use of V-codes in LTC)
  - CMS Transmittal 437 for Medicare Claims Processing Manual 1/21/2005 (instructed SNFs to use correct codes, which may be V-codes)

### 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)
- Published on Center for Disease Control & Prevention (CDC) web site
  - [www.cdc.gov/nchs/datawh/ftp/ftpCD9/ftpCD9.htm](http://www.cdc.gov/nchs/datawh/ftp/ftpCD9/ftpCD9.htm)
  - Must be followed per HIPAA Transaction & Code Set (TCS) rule
- 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
- Section I, General Coding Guidelines – Categories of V codes, Aftercare
  - Used when:
    - Initial treatment of disease or 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, Fourth Quarter 1999
  - Rules for using V codes published
  - Addressed use of V-codes in LTC

**AHA Coding Clinic cont.**

- 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 initial encounter for care of a fracture
    - For statistical purposes, **a fracture should only be coded once**
- 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 article MM3664**

- Accessible at: [www.cms.hhs.gov](http://www.cms.hhs.gov)
- Indicates a revision of Chapter 6, Section 30 of the Medicare Claims Processing Manual
- Added coding guidance for SNFs which included:
  - Codes for Principal Diagnosis must be reported according to Official ICD-9-CM Guidelines, including any applicable guidelines regarding the use of V- codes
  - The code must be the full ICD-9-CM diagnosis code, including all five digits where applicable.
  - The full ICD-9-CM codes for up to eight additional conditions are reported.
  - Medicare does not have any additional requirements regarding the reporting or sequence of the codes beyond those contained in the ICD-9-CM 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 code
  - Orthopedic aftercare (V54)
  - Surgical Aftercare (V58.4x and V58.7x)
- 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)
- 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 that can only be listed as secondary diagnosis include:
  - Drug resistance present (V09)
  - Personal history codes (range V14–V15) – except V15.88, history of a fall
  - Organ replacement status (V42 or V43)
  - Long term (current) drug use (V58.6x)
  - Hospice (V66.7)