

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
Invalid Usage of Diagnosis Codes

VW041 V CODES INVALID AS OTHER DIAGNOSIS

Guideline: Certain V codes are used as principal diagnoses when the goal of the hospital admission or other health care encounter is to obtain a specific limited service.

Donor V codes are for use on living individuals who are donating blood or other body tissue. These codes are not used to identify cadaveric donations.

Diagnosis Table Only (Other Diagnosis Field)

| <u>ICD-9-CM Codes</u> | <u>ICD-9-CM Interpretations</u> |
|-----------------------|---------------------------------------------------------------------------|
| V20 | Health supervision of infant or child |
| V26.81 | Encounter for assisted reproductive fertility procedure cycle |
| V46.12 | Encounter for respirator dependence during power failure |
| V46.13 | Encounter for weaning from respirator [ventilator] |
| V51.0 | Encounter for breast reconstruction following mastectomy |
| V56.0 | Extracorporeal dialysis |
| V59 | Donors |
| V66 | Convalescence and palliative care <i>Except: V66.7 Palliative care</i> |
| V68 | Encounter for administrative purposes |

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
Invalid Usage of Diagnosis Codes

V0042 NEWBORN CODES (V30-V39) INVALID AS OTHER DIAGNOSIS

Guideline: Categories V30-V39 can be used for principal diagnoses only -- never as a secondary code. Codes from this series are not assigned by the receiving facility when an infant born in another hospital is transferred during the perinatal period. In this instance, a code from V30-V39 series would have been assigned at the original facility and the condition necessitating the transfer would be coded as the principal diagnosis for the second admission. **A simple rule of thumb is that a code from categories V30-V39 should be assigned to a newborn only once.**

Diagnosis Table Only (Other Diagnosis Field)

| <u>Category</u> | <u>ICD-9-CM Codes</u> | <u>ICD-9-CM Interpretations</u> |
|-----------------|-----------------------|-------------------------------------------------------------------------|
| Service | V30 | Single liveborn infant consuming health care |
| | V31 | Twin infant, mate liveborn, consuming health care |
| | V32 | Twin infant, mate stillborn, consuming health care |
| | V33 | Twin infant, unspecified mate, consuming health care |
| | V34 | Other multiple infant, mates all liveborn, consuming health care |
| | V35 | Other multiple infant, mates all stillborn, consuming health care |
| | V36 | Other multiple infant, mates live- and stillborn, consuming health care |
| | V37 | Other multiple infant, unspecified mate, consuming health care |
| | V39 | Unspecified liveborn consuming health care |

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
Invalid Usage of Diagnosis Codes

V0044 FOLLOW-UP V CODES INVALID AS OTHER DIAGNOSIS

Guideline: V codes for pregnancy are for use when none of the problems or complications listed in obstetrics chapter exist (i.e. a routine prenatal visit or a postpartum care). V22.0, Supervision of normal first pregnancy, and V22.1, Supervision of other normal pregnancy, are always listed first and are not to be used with any other code from the Obstetrics chapter; clue: The code V22.2, Pregnant state, incidental, is a secondary code only for use when the pregnancy is in no way complicating the reason for the visit.

Code V24.0, postpartum care, is assigned as the principal diagnosis when a mother delivers outside the hospital prior to admission and is admitted for routine postpartum care and no complications are noted.

Diagnosis Table Only (Other Diagnosis Field)

| <u>ICD-9-CM Codes</u> | <u>ICD-9-CM Interpretations</u> |
|-----------------------|---------------------------------------|
| V22.0 | Supervision of normal first pregnancy |
| V22.1 | Supervision of other normal pregnancy |
| V24 | Postpartum care and examination |

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
Invalid Usage of Diagnosis Codes

V0045 OBSERVATION CODES (V71) INVALID AS OTHER DIAGNOSIS

Guideline: A code from category V71 is assigned only as a principal diagnosis or reason for encounter, never as a secondary diagnosis. Codes from category V71 are assigned when inconclusive symptoms, signs, or other evidence of disturbed physiology warrant clinical observation and evaluation but the results of the observation and evaluation, do not substantiate the suspected condition.

Note that a code from category V71 is not assigned when a patient is admitted to the hospital immediately following the same-day (outpatient) surgery, even though the medical record may suggest that the admission is for observation. In this case, the code for the condition or problem or surgical aftercare that occasioned the postoperative admission is assigned as the principal diagnosis. Additional codes are assigned for the procedures performed and the condition that brought the patient to the outpatient surgery department.

Diagnosis Table Only (Other Diagnosis Field)

| <u>ICD-9-CM Codes</u> | <u>ICD-9-CM Interpretations</u> |
|-----------------------|-----------------------------------------------------------------------|
| V71 | Observation and evaluation for suspected conditions |
| V71.01 | Observation for suspected adult antisocial behavior |
| V71.02 | Observation for suspected childhood or adolescent antisocial behavior |
| V71.09 | Other suspected mental condition |
| V71.1 | Observation for suspected malignant neoplasm |
| V71.2 | Observation for suspected tuberculosis |
| V71.3 | Observation following accident at work |
| V71.4 | Observation following other accident |
| V71.5 | Observation following alleged rape or seduction |
| V71.6 | Observation following other inflicted injury |
| V71.7 | Observation for suspected cardiovascular disease |
| V71.8x | Observation for other specified suspected conditions |
| V71.9 | Observation for unspecified suspected condition |

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
Invalid Usage of Diagnosis Codes

V0047 EXAMINATION V CODES INVALID AS OTHER DIAGNOSIS

Guideline: Categories V70 are assigned as the principal diagnoses when a patient is seen only for tests or other routine examinations when no problem, diagnosis, or condition is identified as the reason for the examination.

Codes from categories V70 should never be assigned as additional codes when a diagnosis from the main classification is the principal diagnosis.

Preoperative examination V codes are used for patients being cleared for surgery and no treatment is given.

Diagnosis Table Only (Other Diagnosis Field)

ICD-9-CM Codes

ICD-9-CM Interpretations

V70

General medical examination

Excludes: V70.7 Examination of participant in clinical trial

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
Invalid Usage of Diagnosis Codes

**V0049 NORMAL PREGNANCY WITH DELIVERY CODE (650) INVALID AS OTHER
DIAGNOSIS**

Guideline: Code 650 is always a principal diagnosis. Code 650 is assigned only when labor and delivery as well as antepartum and postpartum periods are entirely normal.

Diagnosis Table Only (Other Diagnosis Field)

| <u>ICD-9-CM</u> | <u>ICD-9-CM Interpretation</u> |
|-----------------|--------------------------------------|
| 650 | Delivery in a completely normal case |

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
Invalid Usage of Diagnosis Codes

V0050 INFECTION RESISTANT TO DRUGS (V09) INVALID AS PRINCIPAL DIAGNOSIS

Guideline: This category is intended to identify infections that have become resistant to the drugs commonly used to treat them. Codes from this category are assigned only as additional codes and only when the physician specifically documents an infection that has become drug resistant. Therefore, a code from category V09 should never be used as principal diagnosis.

Diagnosis Table Only (Principal Diagnosis Field)

ICD-9-CM Codes

ICD-9-CM Interpretations

V09.xx

Infection with microorganisms resistant to drugs

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
Invalid Usage of Diagnosis Codes

VW051 OTHER DIAGNOSIS - UNSPECIFIED ADVERSE EFFECT (995.2)

Guideline: Code 995.2, Unspecified adverse effect of drug, medicinal, and biological substance, is inappropriate for inpatient reporting. The medical record should have some documented sign or symptom of what the adverse reaction is. However, if there is no documented adverse reaction listed in the record, then assign code 796.0, Nonspecific abnormal toxicological findings. Code 995.2 is permissible in the outpatient setting.

Diagnosis Table Only (Other Diagnosis Field)

| <u>ICD-9-CM Code</u> | <u>ICD-9-CM Interpretation</u> |
|----------------------|-------------------------------------------------------------------------------|
| 995.20 | Unspecified adverse effect of drug, medicinal, and biological substance |
| 995.22 | Unspecified adverse effect of anesthesia |
| 995.23 | Unspecified adverse effect of insulin |
| 995.29 | Unspecified adverse effect of other drug, medicinal, and biological substance |

STOP!!!

NEXT V-EDIT IS V0084