

ICD-9 CM code V56.0 Encounter for Dialysis

A CHA report regarding the use of diagnosis code “V56.0, Encounter for Dialysis” was presented at the HIM/CHA Advisory Group meeting on July 15, 2011. There were 1,167 Inpatient admissions in 2010 using V56.0 as the principal diagnosis.

Denver Health had 1,020 encounters, Banner Health at NCMC had 41 encounters and PVHS had 1 encounter. Of the NCMC encounters, this involved only 3 different patients.

Lila Mayer, Banner Health, Eric Ryland, Denver Health and Jeannette Walls, Poudre Valley Health System discussed these differences in a conference call format.

Findings:

Denver Health had a CFMC denial in 2003 regarding use of V56.0 as a principal diagnosis. The facility had internal discussions and met with Colorado Medicaid in the spring of 2011. Coding Clinic articles were presented at this meeting. Denver Health requested written guidance from Colorado Medicaid which was obtained in June, 2011. Colorado Medicaid stated to “use V56.0 as the principal diagnosis when physician documentation supported admission for dialysis.” Due to the payor mix at Denver Health and need to provide dialysis services for citizens that lack access to external dialysis centers they continue to use V56.0 per Colorado Medicaid guidance.

NCMC uses V56.0 when physician documentation states that the patient is “admitted for dialysis.” Instructional notes with the code state NCMC follows Coding Clinic guidelines September - October 1984, and instructions from the Faye Brown Coding Manual (see attached.) There have been no RAC or other denials at NCMC for this purpose.

PVHS had not been using V56.0 for principal diagnosis. After discussion at the July HIM/CHA meeting, PVHS received a denial from an external auditor regarding the use of V56.0 as the principal diagnosis when physician documentation supported “admission for dialysis” and not for management of symptoms of renal failure. PVHS agreed with the findings and coding education has taken place.

Recommendations for HIM/CHA Advisory Group:

1. When physician documentation states “admit for dialysis” V56.0 should be assigned as the principal diagnosis.
2. Request written guidance from CFMC for hospitals in Colorado.

Information from Faye Brown Coding Book:

Coding Diseases of the Respiratory, Digestive, and Genitourinary Systems

17 Diseases of the Genitourinary System

RENAL DIALYSIS Pages: 222-223

RENAL DIALYSIS

Patients with end-stage renal disease require a regular schedule of dialysis treatments to manage the symptoms arising from kidney disease. They may be admitted to the hospital or seen as outpatients for the sole purpose of dialysis. Code **V56.0, Admission for extracorporeal dialysis (hemodialysis)**, or code **V56.8, Admission for other dialysis (peritoneal)**, is assigned as the principal diagnosis for such admissions, with an additional code for the kidney disease. If the patient is admitted for other reasons but continues to receive dialysis therapy during the hospital stay or is known to be maintained on renal dialysis, code **V45.11, Renal dialysis status**, may be assigned as an additional code; the condition responsible for the admission is designated as the principal diagnosis. Code V56.0 may only be used as a principal or first-listed diagnosis code. If the patient is known to be noncompliant with renal dialysis, code **V45.12, Noncompliance with renal dialysis**, may be assigned.

The performance of hemodialysis requires the insertion of a venous catheter (38.95) or a totally implantable venous access device (86.07); the associated dialysis is coded **39.95, Hemodialysis**. Peritoneal dialysis is accomplished by instilling a prepared fluid into the peritoneal cavity and removing the uremic toxins along with the prepared fluid. Insertion of a Tenckhoff catheter for this purpose is coded **54.93, Creation of a cutaneoperitoneal fistula**; code **54.98, Peritoneal dialysis**, is assigned for the associated dialysis.

Patients are sometimes admitted for insertion of a catheter or a vascular access device, but no dialysis is performed during the admission. In this case, the condition is coded as the principal diagnosis, and code V56.x is not assigned. When dialysis is performed during the same episode of care, procedure code 39.95 is assigned to specify that the dialysis was actually performed during the encounter. When the admission is for fitting or adjustment of the dialysis catheter, code V56.1 is assigned for an extracorporeal catheter and V56.2 for a peritoneal catheter. If concurrent dialysis is performed, procedure code 39.95 is assigned. Some coding examples follow:

- Patient with end-stage renal disease admitted for insertion of Hickman catheter for renal dialysis (no dialysis performed) 585.6 + 38.95
- Patient with chronic kidney disease, stage V, admitted for hemodialysis V56.0 + 585.5 + 39.95
- Patient with unspecified chronic kidney disease admitted for creation of AV fistula for renal dialysis; dialysis not performed on this admission 585.9 + 39.27

Patients frequently develop complications as a result of dialysis therapy. Dialysis dementia due to an overload of aluminum from the water used in the procedure is classified as poisoning. Code **985.8, Toxic effect of other metals**, is assigned as the principal diagnosis, with **294.8, Other persistent mental disorders due to conditions classified elsewhere**, or **293.9, Unspecified transient mental disorder in conditions classified elsewhere**, assigned as an additional code.

When dialysis dementia is diagnosed without any reference to aluminum intoxication, code 294.8 is assigned. Dialysis disequilibrium without associated dementia is coded to **276.9, Electrolyte and fluid disorder, not elsewhere classified**. External cause code E879.1 is assigned with any of these codes to indicate that the condition is the result of kidney dialysis. If the complication is the reason for admission, the code for the complication is sequenced first as the principal diagnosis, with an additional code for the chronic kidney disease.

It normally takes two to three months for an arteriovenous fistula to mature. A nonmaturing or nondeveloping fistula is considered a mechanical complication and is coded to **996.1, Mechanical complication of other vascular device, implant, and graft**. Primary causes of a nonmaturing fistula are narrowing of a vein or multiple competing veins. Treatment may consist of performing an arteriovenostomy to create a new arteriovenous fistula (39.27). Other treatment options may be performed by interventional radiologists--such as balloon angioplasty; revision of AV fistula; and/or closing off competing veins, which can be performed using various techniques.