

Summary:
**V56.0 as Principal Diagnosis for Inpatient Admissions
for Renal Failure Patients**

What has been done to research this topic:

- A report was presented at the July 2011 HIM/CHA Advisory Group meeting concerning the inconsistency issues associated with this topic. See the report "Background Information: V56.0 as Principal Diagnosis for Inpatient Admissions for Renal Failure Patients" which is available on the HIM/CHA Advisory Group website at <http://www.cohima.org> then click on HIM/CHA Advisory Group.
- CHA ran a report from the database and found a total of 1167 inpatient admissions in 2010 with a principal diagnosis of V56.0. Of those 1167 admissions, 1020 (87%) were from Denver Health, 41 (3.5%) were from North Colorado Medical Center, with four other small clusters in the 10 - 20 range at Rose, Exempla St. Joseph's, Memorial and The Medical Center of Aurora (totaling 5% combined).
- Jeannette Walls from Poudre Valley headed up a small task force including Lila Mayer from Banner Health and Eric Ryland from Denver Health to discuss the issue. Their report was submitted in September 2011. See the report "ICD-9-CM Code 56.0 Encounter for Dialysis" which is available on the website.
- Denver Health conferred with Medicaid during the spring and summer of 2011 on this issue, resulting in a better mutual understanding about the coding and consistency problems and an indication from Medicaid for Denver Health to essentially keep doing what they were already doing.
- Dana Batey from Medicaid examined the issue and reported that Medicaid did not provide any specific instructions on the use of V56.0. Medicaid does recognize there is inconsistent advice relating to diagnosis coding for inpatient hospital admissions for dialysis treatment.

Conclusions and Recommendations:

- The consensus was that we should not submit the inconsistent advice issue to *Coding Clinic* at this time because all attention has been diverted to the ICD-10 transition. It was felt that other issues would likely be considered more pressing and that the long lead time - if we were to receive an answer at all - would find us either already transitioned to ICD-10 or else soon to go on it. If it continues to be an issue after the ICD-10 transition, then it can be re-addressed at that time.
- We agreed that the large outlier at Denver Health reflected the disproportionate share of patients going to Denver Health who were undocumented immigrants ineligible under Medicaid to go to outpatient dialysis. These patients typically do not receive needed regular outpatient dialysis, and wait until they go to the emergency department to be admitted for dialysis. Many of these patients are not necessarily in a state of decompensation, even though they present in the emergency department, and so it was felt that many legitimately do code to V56.0.
- We do not have additional written guidance from Medicaid on coding these accounts, and we do not therefore have any additional written guidance for hospitals in the rest of the state for this scenario. However, it was felt that since Denver Health is responsible for about 87% of the cases in the state, and that since Denver Health and Medicaid have an understanding between them about the issues, then it would not be a serious problem that the rest of the hospitals in the state would not have that same information.
- Coding guidance remains unchanged. The consensus was to code the principal diagnosis according to the circumstances of the admission, which might legitimately support using V56.0 or legitimately support another diagnosis code. The conflicting *Coding Clinic* advice remains in place. As always, if a payer denies an inpatient case and the hospital feels it is coded appropriately, the hospital should contact the payer to appeal the denial or find out if the payer has a specific policy stating how to handle these cases.

A special thank you to all HIM/CHA Advisory members who contributed to the research for this issue, including Jeannette Walls, Eric Ryland, Lila Mayer, Dana Batey, Linda Schwab Messmer and Sue Malone.