# The Use of V Codes in Radiology

ICD-9-CM V codes are a great help to coders in both inpatient and outpatient settings, but they come with strict parameters where reimbursement is concerned. In most cases, V codes should not be used as the primary diagnosis; however, there are times when a V code is the only option.

**Tips for V codes in Radiology:**

When a V code is the only option
V codes are commonly used when there is no clear reason (or indication) for the exam such as cases where radiological findings are normal and the referring physician provides no up-front documentation.

**Coders should:**

- Monitor these cases and provide a monthly report back to radiology, medical staff and revenue cycle to highlight reimbursement shortfalls.
- Continually work with radiology and the medical staff to improve clinical documentation.
- Use as a key performance indicator for radiology and HIM departments.

When a V code is the right choice
There are times when a V code is the right choice, but may or may not be reimbursed. Reimbursement rules vary by payer and by state.

**Coders should:**

- Visit your fiscal intermediary website and read your local coverage determinations (LCDs). Learn which V codes meet medical necessity edits for certain radiological procedures.
- Consider alternates to V codes when possible; think creatively.

# NOTES

HRS
Health Record Services
Since 1979

(800) 329-0365
www.hrscoding.com