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ICD-9-CM

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***Statement to ICD-9-CM. Coordination and Maintenance Committee***

The American Hospital Association believes that using V codes to identify encounters for new technology would be an inappropriate use of diagnosis codes. There are also space constraints in the ICD-9-CM diagnosis codes. As coding becomes more important in nonacute and outpatient settings, and as medical knowledge increases, there are new needs to be met which may require new diagnosis codes. Using available V codes for procedures would seriously restrict the ability to create new diagnosis codes when necessary.

We do not think that V codes to supplement procedure codes would answer the need for information on new technology. A diagnosis code that only identifies "new technology" is fairly meaningless because it does not provide detail on what type of procedure was performed, or what technology was used. V codes are NOT procedure codes, a corresponding procedure code must accompany a V code to describe the procedure performed. If a patient underwent multiple procedures, a V code would not be able to identify which procedure was associated with the new technology.

More importantly, these codes would create a difficult challenge for coders who would not be able to identify which procedures, devices, drugs, etc. would qualify as "new technology." Hospital coders have already seen the confusion and burden that coding for "pass-throughs devices" Under the Medicare Outpatient Prospective Payment System has created. Coders rely on physician documentation to correctly assign codes. Physicians simply are not in the habit of documenting procedures or diagnoses as "new technology."

We urge the ICD-9-CM Coordination and Maintenance Committee to deny the proposal for the creation of V codes to identify encounters for new technology.