

Eli's Hospice Insider

Coding 202 :3 Tips Will Keep Your ICD-9 Codes on the Mark

Inaccurate or too generic codes can wreak havoc on your payment if you aren't careful.

Give your diagnosis coding a check-up -- and help keep your hospice fiscally healthy -- by following these key principles.

1. Open the communication channels with diagnosticians. The increased specificity in the 2010 ICD-9-CM codes require frontline staff and the hospice administration to have good communication with the physicians to get the needed information and documentation to use the most specific code, advises **Shelley Safian, MAOM/HSM, CCS-P, CPC-H, CPC-I, CHA**, a coding expert in Winter Park, Fla. "For example, using the new codes that go into effect on Oct. 1, a Merkel Cell carcinoma should be coded based on the specific anatomical site." Selecting a more specific code can convey that the patient is much sicker and in need of a higher level of care than will a non-specific code. For example, when coding asthma, a fifth digit for that diagnosis conveys whether the person has status asthmaticus, a lifethreatening condition, Safian notes.

2. Check to see if codes are claiming your payment. If the hospice keeps getting denials for medical necessity, the first thing you want to do is look at the codes being used, Safian suggests. "You may find you're getting denials related to a specific code," she warns. "Is a digit off? If you put 12 instead of 21, you no longer have medical necessity."

3. Do internal audits cost-effectively. Consider having certified coders right out of school audit codes on claims, Safian suggests. "You can hire them for a bit less, and they have current knowledge about the law -- and the codes are fresh in their heads."