Eli's Hospice Insider

Diagnosis Coding: Get Ready To Shoulder A Drastically Expanded Diagnosis Coding Burden

Hospices have to take on increased coding and ICD-10 almost simultaneously.

New diagnosis coding instructions in the 2016 final payment rule may require hospices to open themselves up to more financial liability.

As it said in the proposed rule this May, the **Centers for Medicare & Medicaid Services** is "clarifying that hospices will report all diagnoses identified in the initial and comprehensive assessments on hospice claims, whether related or unrelated to the terminal prognosis of the individual effective October 1, 2015," according to the 2016 final rule published in the Aug. 6 Federal Register. "This is in keeping with the requirements of determining whether an individual is terminally ill."

These instructions are a change from what CMS previously told hospices, which was to code the terminal diagnoses only, a CMS official acknowledged in a May Open Door Forum for hospice providers.

This requirement includes "the reporting of any mental health disorders and conditions that would affect the plan of care as hospices are to assess and provide care for identified psychosocial and emotional needs, as well as, for the physical and spiritual needs," CMS stresses.

Note: For more news and analysis on the hospice final rule's diagnosis coding provision, see a future issue of Eli's Hospice Insider.