

Eli's Hospice Insider

Strategy: Use These 5 Tips To Tackle Hospice Coding

Should you spend money on certified coders?

Don't waste time sitting around to see what CMS does next about hospice coding. Now is the time to jump start your coding compliance initiative.

Consider these steps to make sure you're in compliance with Medicare and other regulations:

- 1. Start now.** The **Centers for Medicare & Medicaid Services** issued its further coding "clarification" in its 2014 proposed hospice payment rule, but that doesn't mean these guidelines aren't in effect yet, notes **Terri Maxwell** with **Weatherbee Resources** in Hyannis, Mass. CMS says its guidance is based on existing policy and requirements, which means you should be complying already (see related story, p. 52).
- 2. Revise or draft policies and procedures.** Your staff are going to need some help figuring out which of the patient's conditions is the principal diagnosis. While staff must make decisions on a patient-by-patient basis, some general guidelines for helping them figure out how to order multiple conditions can help them, Maxwell suggests.
- 3. Educate.** New P&Ps won't do you any good if your staff don't know what they say. Hospice managers should seek education about coding, then disseminate that information in education to staff, offers consultant **Lynda Laff** with **Laff Associates** in Hilton Head Island, S.C.
- 4. Make decisions on coder training.** Experts are split on whether hospices should hire and/or train certified coders now. Budget times are tight in light of lower Medicare payment updates than in the past and the 2 percent sequestration cuts. "It is always difficult for any organization to invest time and resources in an area that they do not see as significant to their program," observes **Judy Adams** with **Adams Home Care Consulting** in Asheville, N.C.

On one hand: "Training or hiring experienced coders will be imperative for hospice programs," Adams believes. "Just as in other health settings, nurses and other clinicians do not have any basic training in coding which is both an art and a science." The art involves identifying all the conditions that can and do impact on the primary terminal condition, while the science is the technical skills associated with finding the correct codes and being compliant with the coding guidelines.

On the other hand: The need to use certified coders isn't as imminent for hospices as it is for home health agencies, due to their payment methodology, Laff thinks. But you shouldn't put it off forever. "Home care has made the mistake of thinking that any nurse can code and have not well understood the significance of coding accuracy with regard to payment and survey/audit scrutiny," Laff tells **Eli**. HHAs that have not hired coders or sent someone to be certified in coding "are currently suffering the results and don't even know it."

Hospices may want to reserve space in next year's budget for certified coders, Laff suggests. And when payment is tied "in any way to coding," they should be sure to have certified coders ready. That includes when CMS implements the

Hospice Item Set (HIS) that many are predicting will become hospices' parallel to OASIS (see related story, p. 53).

5. Prepare for the future. In addition to possible payment reform and the HIS set, hospices □ along with everyone else □ will see the transition from ICD-9 to ICD-10 diagnosis coding in 2014. "Agencies that have never become proficient in ICD-9-CM coding will have a harder time learning a new diagnostic code set," Adams cautions.

Note: For more information on ICD coding in Eli's Home Health ICD-9 Alert and other products, go to <https://www.aapc.com/codes/>.