

Home Health ICD-9/ICD-10 Alert

BILLING TIP: KEEP YOUR CALENDAR HANDY WHEN BILLING WITH NEW CODES

Think you're prepared for the new and changed codes? If you haven't thought through the impact on billing, you still have some work to do.

HIPAA no longer allows a grace period during which old codes are still accepted. However, home health agencies have a grace period of sorts in that you submit a request for anticipated payment (RAP) and then later an end-of-episode claim (EOE), explains **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX.

For the most part, the diagnosis codes on the RAP have to match those on the EOE. To keep your billing accurate, use the codes that are current on the initial date of the episode, says Selman-Holman. So, if you have an episode that begins before Oct. 1 and ends after Oct. 1, use the 2005 codes.

Example 1: For a patient with chronic kidney disease with a start of care date or recertification in September 2005, use 585 (Chronic renal failure) on both the RAP and EOE.

Example 2: For a patient with chronic kidney disease with a start of care date on or after Oct. 1, use 585.x (Chronic kidney disease) on both the RAP and EOE.

Tip: Always base your code choice on the date of episode, not the date of assessment. For example, if you were doing the recertification assessment on the last day of September for a patient who was up for recertification on the first day in October, you would use the 2006 codes, says Selman-Holman.

Warning: The significant change in condition (SCIC) is the exception to this rule. If you are changing a diagnosis as a result of a SCIC, and you plan to bill the SCIC, then the diagnoses on your RAP and your EOE will not match, cautions Selman-Holman. "In this case, use the current codes as of the date of the OASIS. If your SCIC occurs prior to Oct. 1, continue using the 2005 codes. If the SCIC is on Oct. 1 or after, use the 2006 codes," she advises.