

Home Health ICD-9/ICD-10 Alert

CASE STUDY : Avoid Medical Review: Watch for these OASIS/Coding Discrepancies

Software can help, but it's the human touch that keeps coding in line.

A streamlined coding process keeps your coding on the mark. See how one agency keeps its coding in tune.

Coding scenario: Chuck Berning, RHIA, HCS-D, with Sharp Home Care in San Diego, Calif., recently received the following referral notes for a new patient: Patient is an 86-year-old woman who was recently discharged from the hospital for treatment of a urinary tract infection (UTI) and weakness.

Her medical history includes chronic lower extremity lymphedema, restless leg syndrome, diet-controlled diabetes, and an open reduction internal fixation of her left femur 2001. She used a brace on her left leg at some point in adult life, reason unknown.

She lives in her own two-story home with her husband and son. She uses a scooter on the first floor and walker on the second floor. She will have a stair lift installed next month. She demonstrates bilateral foot drop with plantar flexor weakness in her left foot. She has insensate toes of both feet. She has a high bed and uses steps to climb into bed. She requires minimal assistance for legs and cueing for repositioning in bed. No complaints of pain.

Recommend bilateral ankle-foot orthosis (AFO) for safer and more functional gait.

She has a small open area on her right buttock.

Patient states it was a blister that developed during her hospital stay. It is covered with Tegaderm.

Other necessary information: She has vision impairment due to glaucoma. Patient is alert and oriented and able to sign own consents. The patient was referred to Sharp Home Care for physical therapy to address difficulty with ambulation.

Diagnoses sent to coding from the reviewer: M0210 includes gait abnormality and generalized weakness.

Diagnoses to include in M0230/240: physical therapy, foot drop, decubitus ulcer right buttocks, generalized muscle weakness, vision impairment, diabetes, diet controlled.

Dig Deep Before Coding

First, Berning reviews the record, but before assigning any diagnosis codes, he follows up with the clinical supervisor. In this case, he checks to see what level of vision impairment the patient has and discovers that it is severe.

Sharp Home Care uses software that checks for any discrepancies between the answers to OASIS data items and the diagnosis codes assigned. The software indicates that the decubitus ulcer diagnosis, which Berning would have coded with 707.05 (Pressure ulcer; buttock) and 707.22 (Pressure ulcer stage II), isn't supported by the OASIS. The clinical supervisor confirms that the patient actually had a blister from excoriation rather than an ulcer, so this diagnosis won't be coded. The assessing clinician also states that the issue with the foot drop is related to an old stroke.

To code for this case, Berning selects:

M0230a: V57.1 (Other physical therapy);

M0240b: 438.89 (Other late effects of cerebrovascular disease);

M0240c: 736.79 (Other acquired deformities of ankle and foot; other);

M0240d: 369.20 (Moderate or severe impairment, both eyes; impairment level not further specified);

M0240e: 250.00 (Diabetes mellitus without mention of complication; type II or unspecified type, not stated as uncontrolled); and

M0240f: 365.9 (Unspecified glaucoma).

It is not necessary to code abnormality of gait or plantar flexor weakness because the gait problem and muscle weakness are integral to the foot drop.