Home Health ICD-9/ICD-10 Alert

Clip and Save: Keep These Tables Handy To optimize NRS Billing

Inaccurate coding could cost you hundreds per episode.

If your diagnosis coding isn't up to snuff where nonroutine supplies are concerned, you could be missing out on hundreds of dollars per episode under the prospective payment system revisions for nonroutine supplies.

Eleven OASIS items, including diagnosis coding, determine your NRS payment level. Revenue for NRS is "totally dependent upon the accuracy of OASIS scoring and the actual billing of supplies," said consultant **Lynda Laff** in an **Eli**-sponsored audioconference, "A Closer Look at Supply Management in the 2008 PPS Era."

That means you should be mindful of inaccurate scoring and educate your clinicians accordingly.

"**Skin 1" example:** Your agency could be missing out on more than $400 dollars per episode based on your placement of a non-healing surgical wound diagnosis code, warned Laff, of **Laff Associates** in Hilton Head Island, SC.

Say your clinician gets a referral for physical therapy, then arrives at the patient's home and discovers a non-healing surgical wound that becomes the focus of care. If your clinician leaves therapy as the primary diagnosis and places the non-healing wound, which is contained in PPS' new Skin 1 category, as secondary, your agency will lose more than $425 on that episode.

That's because the non-healing wound as a primary diagnosis increases the clinical dimension score from a C2 to a C3 and adds 15 NRS points, bumping the NRS severity level from a 2 to a 4, Laff said.

"You can see how incredibly important it is to have the accurate code and have the code in the right spot," she told conference attendees. "These are things you really need to be careful about because it makes a lot of difference in your revenue."

The following tables from the **Centers for Medicare & Medicaid Services** show just how much nonroutine supplies can impact payment, and break down the diagnoses that offer this extra payment.