

Home Health ICD-9/ICD-10 Alert

Clip-N-Save: You Can Correct Coding Errors - But You May Have To Hurry

Here's what you need to know.

By ignoring your coding mistakes, you could be throwing away hard-earned reimbursement.

If you forgot to put the case mix code in M0245 or made some other costly coding error, taking time to correct the mistake could be time well spent. Coding errors also affect your case mix adjustment and outcome based quality improvement reports (OBQI), experts say.

The **Centers for Medicare & Medicaid Services** urges agencies to make corrections as quickly as possible after they detect errors so the system - which affects OBQI reports - will be as current and accurate as possible, says consultant **Lynda Dilts-Benson** with **Reingruber & Co.** in St. Petersburg, FL.

Correct errors in non-key fields - including M0230, M0240 and M0245 - by reopening the assessment, making the change, re-locking the assessment and re-submitting it, Dilts-Benson explains. Making this correction changes the lock date, but for the corrected record CMS waives the rule requiring the lock date to be within seven days of the assessment completion date, she adds.

CMS specifies that there are no rules requiring the coding correction within a certain time period, Dilts-Benson notes. But there are rules governing timeliness for correcting claims, explains **M. Aaron Little**, managing consultant with Springfield, MO-based **BKD**.

Don't miss out: You must hurry to correct Medicare claims for episodes ending from Oct. 1, 2002 through Sept. 30, 2003. These claims must be corrected by Dec. 31, 2004, Little warns. For episodes ending from Oct. 1, 2003 through Sept. 30, 2004, you have until Dec. 31, 2005 to make the correction to the claim.

To correct a coding error for a claim you have already billed, follow these steps:

First, correct the assessment and re-lock and re-submit it.

Then if you have billed only the request for anticipated payment, you cancel the RAP and re-bill. A RAP can't be adjusted or corrected without cancelling it first, Little explains

If you have billed the final claim as well as the RAP - and the final claim has paid - you cancel the final claim electronically in DDE, Little explains, then cancel and rebill the RAP. Once the RAP has paid, rebill the final claim with the correct information.

Caution: Remember the diagnosis codes on the RAP and the final claim should match, unless you are billing a significant change in condition, Little warns coders. And be sure the documentation supports the corrected code, experts advise.

Editor's Note: For information about correcting OASIS assessments, go to www.cms.hhs.gov/oasis/datasubm.asp.