

Home Health ICD-9/ICD-10 Alert

CODING 101: WATCH FOR 369.XX OPPORTUNITIES

Look sharp and you could add more than \$350 in reimbursement.

While some agencies may be over-using the 369.xx codes, others are losing opportunities for points they are entitled to receive when they don't follow up on an impairment indicated in M0390 to see whether it's appropriate to list a 369.xx code.

Coding example: Your patient was admitted with problems controlling her hypertension. She recently experienced an exacerbation of chronic obstructive pulmonary disease (COPD) and is dyspneic on exertion. She has no pain and won't be receiving any therapies in the home, but she does have difficulty reading her medication labels.

If the clinician doesn't follow up and further evaluate the cause and/or extent of her visual loss, the agency could lose \$381.54 per episode due to the change in the clinical severity score portion of the Home Health Resource Group (HHRG), says **Judy Adams, RN, BSN, HCS-D, COS-C**, president and CEO of Adams Home Care Consulting in Chapel Hill, N.C.

Without the 369.xx code, you would list the following for this patient, Adams says:

M0230a: 401.9 (Essential hypertension; unspecified) and

M0240b: 491.21 (Chronic bronchitis; with [acute] exacerbation).

These diagnoses would earn four clinical points plus two points for M0390, and decrease in ambulation combined with the pulmonary diagnosis for a total of six points or a C2, Adams says.

However, if you can confirm this patient has decreased vision, you could list the following codes, Adams says:

M0230a: 401.9;

M0240b: 491.21; and

M0240c: 369.20 (Moderate or severe impairment, both eyes; impairment level not further specified).

These diagnoses would earn seven points plus another two points for the M0390 answer and the decrease in ambulation associated with a pulmonary disease. This gives you a total of nine points or a C3, Adams says.

Important: Don't list a 369.xx code just because the patient cannot see, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principle of Selman-Holman & Associates in Denton, Texas. Keep in mind that the 369.xx category codes include vision acuity with correction and exclude vision problems that are considered common refractive errors. For example, if your patient is farsighted and needs reading glasses but doesn't have any, it's not appropriate to use the 369.xx codes.

Restrict the 369.xx codes to situations in which the patient has blindness or some other condition that is causing the vision impairment like retinopathy, glaucoma, cataracts, hemianopsia, or the like, says Selman-Holman. Always make sure that if you are coding vision loss or low vision that you also code the reason for the vision problem.

Sequencing hint: There is no instruction that says one condition has to be coded before the other, Selman-Holman says. Just make sure that the code for the eye condition also appears on the claim to avoid possible medical review.

