

## Home Health ICD-9/ICD-10 Alert

### Coding Changes: Being Unprepared On Oct. 1 Could Slow Your Cash Flow To A Trickle

**Here's what you need to know to expedite the payment you deserve.**

The changes to the ICD-9-CM diagnosis codes are almost here, but the usual grace period to change your coding system is missing. Are you ready to go?

"Any time the codes change, there is the possibility of claims rejection if billed with the old codes," warns reimbursement consultant **M. Aaron Little** with **BKD** in Springfield, MO. Claims with invalid codes return to provider (RTP), "which could slow down cash flow and result in extra time spent correcting documentation as well as claims," Little notes.

You can't use the new codes before Oct. 1. And now that the **Centers for Medicare & Medicaid Services** has eliminated the 90-day grace period for the 400 new diagnosis codes, you had better have the coding changes down cold by Oct. 1 or face the reimbursement consequences.

"We're going to have to be able to hit the ground running with these new codes - agencies and vendors alike - on Oct. 1, 2004," emphasizes **Ida Blevins**, supervisor of reimbursement and information management for **St. John's Hospital Home Health Services** in Springfield, IL.

Agencies "need to be aware of the upcoming new diagnosis codes and instruct their coders and/or staff on their availability prior to Oct. 1," Blevins adds. HIPAA required scrapping the grace period, CMS reports.

Home health agencies should enter new and changed codes into their systems as soon as possible, stresses consultant and credentialed coder **Lynda Dilts-Benson** with St. Petersburg, FL-based **Reingruber & Co.**

**Good news:** Most of the changes concern dental, gynecological and mental disorders that have little impact on most HHAs, says clinical consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen Health Care Group**. Only 50 or 60 new codes are important to agencies, she predicts.

You should plan inservice presentations on the codes that most affect your agency, Adams advises.

Here are the diagnosis code changes most likely to impact home care providers, experts say:

1. **Decubitus ulcers** - 707.00 (Decubitus ulcer, unspecified site), 707.01 (Decubitus ulcer, elbow), 707.02 (Decubitus ulcer, upper back), 707.03 (Decubitus ulcer, lower back), 707.04 (Decubitus ulcer, hip), 707.05 (Decubitus ulcer, buttock), 707.06 (Decubitus ulcer, ankle), 707.07 (Decubitus ulcer, heel), and 707.09 (Decubitus ulcer, other site).

Currently, the only code for a decubitus ulcer is the "very non-specific" 707.0, points out **Jennifer Andres**, health information & compliance coordinator for **St. Luke's Home Health Services** in Duluth, MN. "After October, the code choices for decubitus ulcers will include the location of the ulcer. The increased specificity is a great benefit to clinicians, physicians, billing, auditing, reporting, etc.," Andres says.

"The decubitus code will now require five digits instead of the four we were used to, which will lead to many claims being returned to the providers and a delay in payments," Dilts-Benson warns.

**Red flag:** "After Oct. 1, you should never see 707.00 in home care," Dilts-Benson says. If you're in the home to admit a

patient, you should know exactly where the decubitus is, she explains.

2. **V codes.** HHAs are likely to use two new aftercare codes, suggests coding expert **Prinny Rose Abraham**, consultant with **HIQM Consulting** in Minneapolis - V58.67 (Long-term [current] use of insulin) and V58.66 (Long-term [current] use of aspirin). HHAs will use the insulin code "with some degree of frequency," Blevins predicts.
3. **Bronchitis.** The code for obstructive chronic bronchitis with acute bronchitis (491.22) is likely to impact home care folks, Abraham judges.
4. **Venous embolism** - 453.40 (Venous embolism and thrombosis of unspecified deep vessels of lower extremity), 453.41 (Venous embolism and thrombosis of deep vessels of proximal lower extremity) and 453.42 (Venous embolism and thrombosis of deep vessels of distal lower extremity).

Blevins expects to see the venous embolism codes used at St. John's, she tells **Eli**.

5. **Descriptors.** It's not just outright coding changes that will affect HHAs, Dilts-Benson notes. Changes to the code descriptors, rather than the codes themselves, also will affect how agencies code.

"The descriptor for the diabetes codes no longer makes reference to insulin use or non-use," Dilts-Benson points out. That change is likely to trip up HHAs' diabetes coding in the 250 series because "many in the health care industry erroneously used the insulin connection to choose the diabetic codes," she says.

"The only factors utilized in the decision as to which codes to use should always have been Type I or Type II, controlled or uncontrolled," Dilts-Benson says.

"Home care agencies that are involved in mental health" should note that descriptors also have changed for a wide range of mental health diagnoses, Andres highlights.

Editor's Note: The coding changes for 2005 are available at <http://www.cms.hhs.gov/medlearn/icd9code.asp>.