

Home Health ICD-9/ICD-10 Alert

Coding Changes: Scrutinize Codes To Prevent Slow Payment

Learn the coding switch loophole that has many providers confused.

Now that the new 2005 ICD-9 diagnosis codes are in effect - and with no grace period to make the change - should you use the new codes on final claims after Oct. 1? Surprisingly, the answer could be 'no.'

Focus on the first date of service rather than on the claim date, experts say. If the 60-day episode began on or before Sept. 30, use the 2004 ICD-9 codes on the final claim, as well as on the request for anticipated payment (RAP), says consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen Healthcare Group**. This is true even if you file both the RAP and the final claim after Oct. 1, advises consultant **M. Aaron Little** with **BKD** in Springfield, MO.

Tip: Use Oct. 1 as the deciding factor, instructs a spokesperson for regional home health intermediary **Palmetto GBA**. If the episode begins and ends before Oct. 1, use the old codes. If an episode spans Oct. 1, use the old codes. And if the initial visit for an episode occurs on or after Oct. 1, use the new codes, the spokesperson says.

Don't change your normal billing procedure, Palmetto explains. Use a primary diagnosis code that reflects the primary reason for home health care. Match the primary diagnosis code on the FL 67 with the code reported on the RAP, the code in M0230 on the OASIS assessment and with item 11 on the 485 (Plan of Care), the RHHI instructs.

But be sure you're not using new codes for pre-Oct. 1 episodes. If you make this mistake, the claims may go to corrections, warns consultant **Lisa Selman-Holman** with Denton, TX-based **Selman-Holman & Associates**.

Beware of SCICs: If a claim reflects a significant change in condition, the ICD-9 code billed on the final claim must match the code on the OASIS "that produced the Health Insurance Prospective Payment System (HIPPS) code on the latest dated 0023 revenue code line," Palmetto advises. That is, the diagnosis codes on the final claim and the OASIS corresponding to the SCIC must match.

Snag: The HAVEN software is generating error messages when agencies enter 2005 ICD-9-CM codes for OASIS data, reports the **National Association for Home Care & Hospice**. Agencies should continue to use the 2005 codes when appropriate, because HAVEN will accept and lock the 2005 codes even though it does give you a warning, the **Centers for Medicare & Medicaid Services** told NAHC. CMS plans to fix the problem "in a future release," according to the Oct. 8 NAHC Report.

Editor's Note: The Palmetto memo is at www.palmettogba.com/palmetto/providers. Click on Providers, then on RHHI, then on General Information, then on Billing ICD-9CM Codes (10/05/2004). ICD-9 diagnosis code changes for 2005 are at www.cms.hhs.gov/medlearn/icd9code.asp.