Home Health ICD-9/ICD-10 Alert

Coding Coach: USE SEVERITY RATINGS TO PREVENT COSTLY ERRORS

Look for inconsistencies before you finalize your codes.

Remember in math class when you checked your answer to be sure it made sense? You can use that same strategy now to ensure your coding makes the grade.

What to do: Use severity ratings to check for diagnosis coding errors before they cost you money.

ICD-9 codes in M0230 and M0240 require a severity rating from "0" to "4." This is true for V codes as well, but not for E codes. The OASIS instrument instructs the clinician to choose for each diagnosis one value representing the most severe rating that is appropriate.

Severity ratings of "2" and "3" would be common for a primary diagnosis, says consultant **Pat Sevast** with **American Express Tax & Business Services** in Timonium, MD. Secondary diagnoses more often rate as a "1" or "2."

Warning: Most primary diagnoses will not have a severity rating of "0" (asymptomatic, no treatment needed at this time) or even "1" (symptoms well controlled with current therapy), Sevast says. After all, if there's no problem, you have no reason to be treating the patient, she points out.

Examples: A secondary diagnosis that could affect the plan of care, but currently is under control - such as controlled diabetes that still could delay wound healing - might be a "1," Sevast suggests. But fluctuations in the blood sugar would bump the rating to a "2" (symptoms controlled with difficulty, affecting daily functioning; patient needs ongoing monitoring).

If you have a routine patient for whom you're checking medications or doing some teaching, this might be a "2," she explains. If the patient is more acutely ill, you might choose "3" (symptoms poorly controlled, patient needs frequent adjustment in treatment and dose monitoring).

And you'd generally use "4" (symptoms poorly controlled, history of rehospitalizations) if you have documentation that the patient has been hospitalized "within the past three to six months a couple of times for the same problem," Sevast suggests.

Hidden trap: Even though the severity rating you choose has no impact financially, it can be a red flag for a reviewer that may lead to questions about your other assessment answers or the care you provided, explains consultant **Kathy Green** with **Healthcare Quality Solutions** in Tampa, FL. For example, if the severity rating is high, but you made few visits, the intermediary or surveyor might question whether you "stayed in there long enough," Green suggests. A low severity rating and high case mix weight also would trigger questions, she warns.

Check for inconsistencies between severity ratings and the diagnosis codes and between severity ratings and case mix, Green advises. Some software packages are structured so the inconsistencies come up in a report form, she notes.

Strategy: If your software allows you to pull out your diagnosis and severity rating from the OASIS, begin by questioning any primary diagnosis listed as a "0" or a "1," Sevast advises. Another clue that something is not right is if one or more of the later secondary diagnoses are much higher in severity rating than M0230 (a) or M0240 (b), she adds - especially if the primary diagnosis is a case mix diagnosis.

With so much emphasis on choosing the correct diagnosis code, clinicians may not be focusing much on the severity ratings. But precision in choosing the severity rating will help improve coding accuracy - and identify OASIS problems

while you still have time to correct them.