

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

### Coding How-To: Don't Shortchange Yourself by Assuming a Condition is Resolved

#### **Surgery doesn't necessarily cure cancer.**

Not all the diagnosis coding errors you make on the OASIS will raise a red flag. Some mistakes may just quietly have a negative impact on your agency's reimbursement. Make sure you're not leaving money on the table by leaving diagnoses off the claim.

Now that home health agencies can no longer secure payment for resolved conditions by reporting them in M1024, it's time to take a closer look at the way we code certain conditions, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O**, consultant and principal of **Selman-Holman & Associates** and **CoDR**  **Coding Done Right** in Denton, TX.

**Problem:** "People are assuming a condition is resolved because the patient left the hospital or because they had surgery," Selman-Holman says.

Assuming a condition is resolved or cannot be coded in home care because it is an "acute condition" is a very common error in choosing primary and secondary diagnoses, Selman-Holman says. "Just because the patient was placed in a wheelchair and wheeled out the door of the hospital does not mean conditions were resolved."

"There are many conditions considered acute that are still coded as current conditions in home care," Selman-Holman says. Take a closer look at the following conditions before assuming they are resolved, she advises:

- **Sepsis** sometimes continues to be treated at home but many coders think they cannot code sepsis in home care, Selman-Holman says. This is a myth.
- **Myocardial Infarctions** should be coded as acute for eight weeks.
- **Venous thrombosis and pulmonary embolism** should be coded as acute unless the physician states the condition is chronic. These conditions are considered acute for 3-6 months after they occur.
- **Neoplasms** are not necessarily resolved after surgery, but some coders are treating the cancer as a resolved condition. "The default is to code the neoplasm as current unless there's documentation to prove that the history code is more appropriate," Selman-Holman says.
- **Malignant hypertension** is not very common, and it is often confused with hypertensive crisis. If the physician documents in the hospital record that the patient has malignant hypertension, then you should code for it as malignant hypertension. When a physician documents "malignant hypertension" or "accelerated hypertension," it means that there is target organ damage caused by the hypertension. "It is absolutely wrong to change the code to fourth digit '9' because malignant hypertension 'cannot be coded at home,' Selman-Holman says. Code for malignant or accelerated hypertension with fourth digit "0", for example 401.0 (Essential hypertension; malignant).

**Bottom line:** "There are actually very few diagnosis codes off-limits for home care, so coders should think twice if someone tells them 'you cannot code acute conditions in home care,'" Selman-Holman says.

