

Home Health ICD-9/ICD-10 Alert

Coding How-To: Nail the Ins and Outs of Inpatient Procedure Codes

The 14-day rule may not measure what you think it does.

Now that OASIS C has been around a while, you may be feeling more at ease with the new diagnosis code "M" items. But have you settled into comfortably completing M1012 (Inpatient Procedure)? Our experts help you to get better acquainted with this new item.

Which Procedures Should You Report?

While inpatient surgical procedures have long been reported on the 485 (Home Health Certification and Plan of Care), the difference with M1012 is that you now need to report key inpatient procedures related to the plan of care on the OASIS, says consultant **Rhonda Will, RN, BS, HCS-D, COS-C** with Fazzi Associates in Northampton, Mass. This includes not just surgical procedures, but medical and diagnostic procedures as well.

Key: The procedures you report in M1012 must be relevant to the care you will provide.

Don't list a procedure from the hospital that doesn't have an impact on the care you will be providing, agrees consultant **Lynda Laff RN, BSN, COS-C** with **Laff Associates** in Hilton Head Island, S.C.

The clinician should pick and choose the procedure codes that are relevant to the plan of care from the list of procedures the hospital provides, Will says.

Example: Your patient went into the hospital for congestive heart failure and had a routine colonoscopy while there. Don't list the colonoscopy procedure code (45.23) in M1012 unless something is found that will have an impact on the care you provide, Laff says.

Best bet: If you have identified a procedure at M1012, make sure you are addressing the diagnosis related to the procedure code in your plan of care, Laff says.

Know How The 14-day Rule Works.

When reporting inpatient procedures, the patient's inpatient discharge must have occurred sometime in the fourteen days prior to the patient's start or resumption of home care. However, the procedures you report in M1012 can take place at any time during that stay.

So your patient could have had a procedure three weeks ago, but if the discharge from inpatient care was within the last 14 days, that procedure counts -- provided it's relevant to the care you provide, says consultant **Karen Vance** with **BKD** in Springfield, Mo.

Where To Look For The Inpatient Information You Need?

The procedures should be coded in the hospital, but you'll have to learn where to look for them, Will says. And you'll also need to learn the language of the procedures. Familiarize yourself with Volume 3 of your ICD-9 coding book if you're not used to looking up procedure codes.

This inpatient procedure information can only be as good as what your intake staff provides, Will says. Talk to your intake staff about the importance of gathering this information. If you have liaisons in the hospital, make sure they know to communicate this information.

Unfortunately, it is highly unlikely that home care coders will get the actual codes from the hospital, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of Selman-Holman & Associates and CoDR " Coding Done Right in Denton, Texas. The coding is done after the patient's discharge from the hospital in most cases, and by the time the hospital coder gets around to it, it's often too late to do the home care coder any good, she says. So becoming familiar with Volume 3 of your ICD-9 manual is even more important.

CMS Wants You To Complete M1012.

In adding M1012 to the OASIS assessment, the Centers for Medicare & Medicaid Services (CMS) wants a more comprehensive picture of your patient's condition prior to the start of home care.

When your patient has a surgical procedure, it can have an impact on his health, Will says. Plus, diagnostic procedures such as an MRI (88.9X) or ultrasonography (88.7X) can validate a diagnosis, she says. For example, diagnostic tests might confirm that a cancer patient has a tumor, or show the bulging disk causing another patient's back pain.

It remains to be seen how this information will be used, Will notes. CMS wants to gather the information now -- it could be that they are trying to see what data they can use in assessing risk adjustment in the future, she says.