Home Health ICD-9/ICD-10 Alert

CODING HOW-TO: STEP UP OASIS C ACCURACY TO DEMONSTRATE YOUR EXPERTISE

Combine correct coding with OASIS C accuracy for maximum payoff.

With all the focus on OASIS C process measures and communication requirements, accurate coding can get lost in the shuffle. Now more than ever, it's important to accurately document all the factors and co-morbidities that can impact the care you provide on the OASIS. But precise diagnosis coding is just one part of the puzzle.

Before OASIS C, it was somewhat easier to see how the diagnosis codes you chose would impact your agency's reimbursement. Now, coding by itself doesn't often make the difference in dollars, says **Jan McLain, RN, BS, LNC, HCS-D, COS-C** with Adventist Health System Home Care in Port Charlotte, Fla. Instead, code selection and correct OASIS scoring -- both supported by clinical documentation -- combine to present a solid picture of the care you provide.

Interaction: "What I see most often is that the OASIS scoring makes the difference in dollars -- and it's the OASIS scoring and the clinical documentation that help me know the codes listed by the clinician are not the most specific or appropriate," McLain says.Look closely at the information gathered in these three areas combined to ensure accuracy, appropriate reimbursement, and a decrease in additional documentation requests (ADRs). With OASIS C, the common sense and integration of all the information provided is what ensures accurate payment, she says.

Coders Must Do More than Coding

As an experienced coder, you should make sure that your agency is in compliance with all of the coding regulations and that each episode is fully coded up front to best describe the patient's actual health status, says **Judy Adams, RN, BSN, HCS-D, COS-C,** president and CEO of Adams Home Care Consulting in Chapel Hill, N.C. You should strive to capture all of the payment your agency is entitled to receive and ensure that the coding matches the OASIS, plan of care, and bill.

But you'll need to do more than coding. You should check and validate the OASIS responses against the clinical record and plan of care to be sure everything is consistent and justified, Adams says. This additional review ensures the accuracy of the OASIS information which is used to determine outcomes.

Taking a more thorough approach that combines looking at the codes and OASIS scores along with the medical record prevents ADR's, and prevents the added costs of canceling requests for anticipated payment (RAPs) and rebilling episodes.

Being Thorough Pays Off

Good news: Anecdotal reports have consistently shown that using a coder increases the average home health resource group score and payment on Medicare episodes as well as improves outcomes and risk adjustment for the agency's Medicare and Medicaid patients, Adams says.

As an experienced coder, you should search the entire medical record for information to support the diagnosis codes used, as well as identify additional diagnoses that can impact the patient's care, and other issues that can be brought to the clinician's attention, Adams points out.

All of home health care requires team work and that certainly includes development of the HHRG associated with each assessment, Adams says. In addition to additional reimbursement and more accurate outcomes, making a thorough review of the OASIS and the medical record will ensure that the claim is compliant with all regulatory and reimbursement requirements which can decrease risk of loss during medical review.

The questions raised by comparing diagnosis coding to the OASIS and the clinical documentation ensure accurate and frequently increased reimbursement, McLain says. Plus this information creates a basis for accurate assessment of health care trends, outcomes,and, in the future, pay for performance.

Don't Ignore ROC Coding

Many agencies spend extra time coding the start of care (SOC) and the recertification because of the impact on payment but then only place one or two codes on the resumption of care (ROC), says **Lisa Selman-Holman, JD, BSN, RN, HCSD, COS-C,** consultant and principal of Selman-Holman & Associates and CoDR -- Coding Done Right in Denton, Texas. However, the coding on the ROC is important for accurate risk adjustment. The ROC is a beginning point to an outcome episode so accurate coding on the ROC is essential, she says.

Note: Watch for more on resumption of care coding in next month's Home Health ICD-9 Alert.