

Home Health ICD-9/ICD-10 Alert

Coding How-To: What You Don't Know Can Hurt You

Assumptions are a coder's downfall.

If you've been trying to code with just the OASIS and the 485, you're probably missing information crucial to accurate coding and reimbursement.

What if the patient has a fracture, but you don't know it was caused by a fall? Now that home health agencies use V codes, the primary diagnosis is likely to be an aftercare or physical therapy code. But unless you know about the fall and put the traumatic fracture code in M0245, you won't get the additional payment you deserve.

You also can't assume all fractures qualify for a trauma code. If the fracture was pathological - rather than caused by a fall - putting a trauma code in M0245 will set you up for an overpayment and perhaps even a fraud charge, if you make a habit of it.

Ask staff to "mine the patient's record," emphasizes consultant **Lynda Dilts-Benson** with St. Petersburg, FL-based **Reingruber & Co.** The more information you have, the better your coding will be, she advises.

In an effort to gather as much pertinent information as possible for its coding and billing clients, Longview, TX-based **HEALTHCAREfirst** has developed a form to help clinicians remember to provide all the information the coder needs.

This form is used in combination with the OASIS and the 485 to provide additional information important to coding that may not be on either of the other forms, HEALTHCAREfirst's **Bobby Robertson** explains. It is not used as a referral form, but as a coding information aide, he explains.

Robertson agreed to share this form with Eli's Home Health ICD-9 Alert readers (see Clip 'N Save).