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CODING NEWS: CUT THROUGH ATTACHMENT D CONFUSION WITH CMS CORRECTIONS

Plus: ICD-10 not coming quite so soon.

Still scratching your head over the coding guidance the Centers for Medicare & Medicaid Services (CMS) issued in their OASIS Chapter 8 Attachment D documentation? Well CMS has corrected some points of confusion.

To begin with, listing Neuro 3 in Condition 1(c) was an error, the agency admitted in a Jan. 26 message to providers. "The correct diagnosis group is Neuro 1 -- Brain Disorders and Paralysis," CMS said in the message. Line item 12 on Table 2A lists the Neuro 1 diagnoses as earning more points when primary.

In addition, CMS has corrected an error in the first bullet in Section D (3) (b) of Attachment D. "Currently, the first bullet in this section of the document incorrectly omits specific secondary diagnosis instruction," CMS said in a Feb. 12 statement. The correct wording is the following: "Ensure that the secondary diagnosis under consideration includes not only conditions actively addressed in the patient's plan of care but also any comorbidity affecting the patient's responsiveness to treatment and rehabilitative prognosis, even if the condition is not the focus of any home health treatment itself."

This correction clears up confusion over the requirement in Attachment D that said each diagnosis must be addressed in the plan of care, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C,** consultant and principle of Selman-Holman & Associates in Denton, Texas. The old language was in opposition to Chapter 8 and other official coding guidance. CMS has now acknowledged that other diagnoses should be listed as secondary when they may affect the POC, even if no treatment is needed.

Another correction: The first sentence in Section D (3) of Attachment D also contains an error, CMS said. Currently, the first sentence in this section of the document omits the word "or" before the phrase "affect the treatment or care." The correct wording is the following: "Secondary diagnoses, or other diagnoses, are defined as all conditions that coexisted with the primary diagnosis at the time the plan of care was established, or which developed subsequently, or affect the treatment or care of the patient."

CMS had effectively changed the meaning of Chapter 8 by using the word 'and' instead of the 'or' contained in Chapter 8, as well as other official guidance in the AHA Coding Clinic for ICD0-CM, says Selman-Holman. The corrections sync the guidance back up.

Check Out Other Key News

Health care providers are claiming victory on the ICD-10 implementation schedule, but that shouldn't prevent you from planning for the transition already. CMS extended the ICD-10 deadline by two years to Oct. 1, 2013.

The delay from the proposed 2011 deadline "is a victory for medicine," said the Tennessee Medical Association in a typical response. "Everyone will have more time to become trained in the use of ICD-10 and make any intra-office systems changes necessary for implementation of this unfunded mandate," TMA said in a release.

The National Association for Home Care & Hospice had called for CMS to delay ICD-10 until at least 2012, the trade group notes.

But wait: The transition to ICD-10 may not be coming even that soon. The Department of Health and Human Services issued the final rule for implementing ICD-10 CM and ICD-10 PCS on Jan. 15, with an extended compliance deadline of

Oct. 1, 2013. ButWhite House Chief of Staff Rahm Emanuel released a memorandum to "put a hold on all regulations that have either not been published or those that have notyet taken legal effect."

At least four recent rules could be affected by this action, including the final rule for transitioning to the International Classification of Diseases, 10th Revision, or ICD-10 and the OASIS C revisions.