Home Health ICD-9/ICD-10 Alert

Coding Procedures: Use These 6 Steps To Upgrade Your Coding Policies

Performing this self-audit can help ward off costly coding errors.

Creating an ICD-9 coding policy can help keep your claims flowing smoothly, but go into too much detail, and you're just stirring up trouble. Here's how to create a policy that will save your agency both time and money.

Step 1. Your policy should first indicate that your agency will adhere to the ICD-9-CM Official Guidelines for Coding and Reporting, says **Trish Twombly, RN, BSN, HCS-D, CHCE,** director of coding with **Foundation Management Services** in Denton, TX. Not staying up-to-date with these standard rules can lead to trouble.

For example: Under the revised prospective payment system (PPS) that went into effect Jan. 1, if you don't list a manifestation code following its corresponding etiology code, you won't get the appropriate case mix points. If your agency stays up on the rules in the official guidelines, you won't have to worry about making this mistake.

Step 2. Document who is doing the coding and how you make corrections, says home care consultant **Karen Vance** with **BKD** in Springfield, MO.

For example: In many agencies, assessing clinicians do the coding in the field and then an in-house coding expert reviews their selections. The **Centers for Medicare & Medicaid Services** (CMS) states that the assessing clinician must be the one to assign diagnoses, but that a coding expert can assist with proper sequencing and adherence to coding rules.

As part of their coding policy, Foundation Management Services requires both the expert coder and the assessing clinician to sign off on M0230, M0240, and M0246, Twombly says. This indicates that these are the diagnosis codes the clinician has determined are pertinent for this patient and that the expert coder agrees they are listed in the right order and comply with coding guidelines.

Step 3. Indicate how your coding staff will stay up-to-date and maintain their coding competencies. Staying on top of changes can be especially important, as we've seen with the recently revised home health PPS, says Vance.

Key issue: Correct sequencing is even more important under revised PPS, Vance says. The assessing clinician and the expert coder need to work together to make certain the ICD-9 codes are listed in the correct order.

Staying current on the coding rules helps to stave off mistakes. For example, under new PPS guidelines, you could lose out on reimbursement and risk claims adjustment if you sequence V codes ahead of case mix diagnoses.

Step 4. Describe your auditing process. Inter-nal auditing can help make sure your coding is accurate before it starts costing your agency. Indicate what percentage of charts you'll audit for accuracy and how frequently you'll conduct audits in your policy, Twombly says.

Step 5. Measure coding accuracy. Paired with auditing, you might want to include information about the accuracy rate you expect from your coders, Twombly says. If you require your coders to maintain a 95 percent accuracy rate with their coding, include this information in your policy. Meeting regularly with coders to go over their ratings is also useful, and may be information you want to include in your policy.

Step 6. Keep policies current. Don't let your coding policy grow dusty. Meet periodically to make certain your policy is current, Twombly says. Staff at Foundation Management Services meet every six weeks to ensure their policy stays fresh and addresses any recent developments such as the revised PPS and the resulting changes that impact coding.

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Mistake: Don't waste time writing policies that address how you're going to code each particular diagnosis, Twombly says. General policies that address the methods you use to keep your coding accurate are more useful and workable.

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