

Home Health ICD-9/ICD-10 Alert

CODING TIP: KNOW WHEN DIABETES COMES SECOND ON YOUR FIRST VISIT

You may be providing care to a patient in part because of their diabetes, but the main focus of care is actually another condition.

The **Centers For Medicare & Medicaid Services** offers the following scenario in its Oasis Diagnosis Reporting Case Examples:

A 72-year-old woman, recently discharged from the hospital after an exacerbation of her extrinsic asthma, was provided at discharge with a nebulizer to improve her medication management.

Because she also has a mild senile dementia, skilled nursing services were ordered to teach her and her husband to utilize the nebulizer and to assure medication compliance. She will also be taught to use a home incentive spirometer to monitor her response to the medication. The nurse will also assure compliance with her other medications for hypertension and stable type two diabetes mellitus. Because her asthma medications include an inhaled corticosteroid, the physician asks the nurse to review the patient's logs of blood glucose.

CMS advises coding for this patient as follows:

M0230a: 493.00 (Extrinsic asthma, unspecified);

M0240b: 290.0 (Senile dementia, uncomplicated);

M0240c: 250.00 (Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled);

M0240d: 401.9 (Essential hypertension, unspecified).

In this case, there is no need to add a diagnosis in M0245, because the patient's primary diagnosis is not a V code and is not a case mix diagnosis, CMS explains. Although the patient has diabetes and it is the reason for glucose-and medication-monitoring activities, diabetes isn't the main reason for home health care, CMS explains. So, you would list it as a secondary diagnosis lower down in the list.