Home Health ICD-9/ICD-10 Alert

Coding Tip: Take This CHF Coding Tip to Heart

Don't always list CHF in M1020, M1022.

You'll only answer M1500 (Symptoms in heart failure patients) at transfer and discharge, and then only if your patient had a diagnosis of heart failure at the last OASIS assessment. See how completing a new assessment when your patient has had a significant change in condition can make all the difference in getting credit for the care your agency provides to patients with heart failure.

You'll only answer M1500 if a diagnosis of heart failure (from code category 428.X) is listed in M1010,M1016, M1020, M1022 or M1024, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C,** consultant and principal of Selman-Holman & Associates and CoDR " Coding Done Right in Denton, Texas.

Example scenario: Your patient's last OASIS was a recertification, so M1010 and M1016 weren't included. Suppose your patient had a congestive heart failure (CHF) diagnosis, but she had a lot of other conditions that were new or exacerbated. Or perhaps she had diagnoses that take up more spaces, such as diabetes and its manifestations and pressure ulcers. Her CHF is fairly stable at recertification, so this diagnosis ends up as the seventh other diagnosis and doesn't appear in M1020 or M1022, Selman-Holman says.

Despite your agency taking a number of interventions, she has an exacerbation of CHF and is transferred to the hospital.

When answering M1500 and M1510 at transfer, the appropriate answer to M1500 would be "NA -- Patient does not have a diagnosis of heart failure" and M1510 (Heart failure follow-up) would be skipped, Selman-Holman says.

Why? Only the OASIS data items are transmitted to the state and because a diagnosis code of 428. X wasn't included in the OASIS data items, the data specification edits would not allow any other answer to M1500 to be encoded, Selman-Holman says.

Does this mean that any heart failure your patient has should be coded in the first six diagnoses? No, Selman-Holman says. Coding should be based on the comprehensive assessment so if there were other diagnoses that should be rightly coded prior to the heart failure, list the other codes first, followed by heart failure.

Change In Condition Can Change Coding

In the scenario as it stands, your agency wasn't able to "take credit" for the interventions you implemented in relation to heart failure because the diagnosis wasn't in the first six diagnoses, Selman-Holman says. How can that be remedied?

If heart failure is exacerbated and new orders are required, that may meet the definition of major improvement or decline in condition, Selman-Holman says. The Conditions of Participation require that the agency define when an Other Follow Up comprehensive assessment (also called a SCIC assessment) is to be completed.

In the example scenario, if an Other Follow-Up assessment was completed and the heart failure diagnosis was placed higher in the list of diagnoses, then M1500 could have been answered with a response other than "NA" and M1510 would also apply, Selman-Holman says.