

Home Health ICD-9/ICD-10 Alert

Conquering Case Mix: M1024 Giving You Headaches? Take This Pain-free Approach to Case Mix

Know three situations when you should complete M1024.

Sometimes the instructions provided by the Centers for Medicare & Medicaid Services create more questions than they answer -- and the guidance on OASIS item M1024 is no exception. Try our expert's suggestions to keep from becoming overwhelmed when deciding whether to report a code in the payment diagnoses slots.

Understand CMS' Case Mix Contradiction

In the body of the OASIS User Manual, Appendix D, CMS advises that home care coders shouldn't choose their diagnosis codes based on potential case mix points, 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. And in the M1024 instructions, CMS doesn't give coders specific instructions to leave M1024 blank when no points are available.

But in CMS' own case scenario examples, CMS mentions that the coder would not use M1024 in certain instances because there are no points available, Selman-Holman points out.

Confused? Asking coders to determine for each episode whether a certain diagnosis should be placed in M1024 makes a confusing task even more of a head scratcher.

To add to the complexities, some diagnoses get points under certain circumstances and not in others and the number of points can change based on answers to other OASIS questions, the episode number and the patient's level of therapy utilization, Selman-Holman points out.

For example: You are providing aftercare to a healing traumatic hip fracture for a patient who is receiving enteral feedings via a G tube. The patient had an open reduction internal fixation (ORIF). Your primary diagnosis is V54.13 (Aftercare for healing traumatic fracture of hip), says **Jan McLain, RN, BS, LNC, HCS-D, COS-C**, with Adventist Health System Home Care in Port Charlotte, Fla. The acute fracture code (820.8 -- Fracture of unspecified part of neck of femur, closed) falls in the Ortho 1 group.

However, in order to earn any Ortho 1 case mix points in this scenario, your response to M1030 must be either 1 (IV/Infusion) or 2 (Parenteral). Because the answer to M1030 = 3 (Enteral), your fracture code won't earn any case mix diagnosis points, McLain points out.

Complete M1024 in These Three Situations

So, do you need to reference OASIS C Table 4 (Clinical and Functional Scores [formerly Table 2a]) every time you consider completing M1024 to determine whether you will earn case mix points? Or can you take a more relaxed approach to this question? Even CMS' own OASIS submission software (Haven) forces you to complete M1024 if you have a V code in M1020, Selman-Holman points out.

With this and the contradictions in CMS' instructions about not coding based on case mix points, Selman-Holman advocates completing M1024 in three circumstances:

1: The principal diagnosis (M1020) is a V code; the V code displaces a numeric diagnosis that is a case mix diagnosis; and the numeric case mix diagnosis is contained within one of the following three home health PPS diagnosis groups:

- Diabetes;
- Skin 1 -- Traumatic wounds, burns, and post-operative complications; or
- Neuro 1 -- Brain disorders and paralysis.

2: A V code in M1020 or M1022 replaces a case mix diagnosis that is a resolved condition.

3: The V code in M1020 or M1022 replaces a fracture code.

And remember that there is no penalty for using M1024 in other situations, as long as the diagnosis you report in M1024 is the underlying diagnosis to the V code.