

# Home Health ICD-9/ICD-10 Alert

## Look to Coding Guidelines for Accurate Code Choices

**LCDs provide guidance, but they don't trump official guidelines.**

Inexperienced coders and billers, and confused agencies can end up reporting unnecessary and inappropriate codes from the Local Coverage Determination (LCD) code lists, says **Brandi Whitemyer, RN, COS-C, HCS-D, HCS-O**, AHIMA Approved ICD-10 Trainer/Ambassador in Weslaco, Texas. And listing symptom codes when they aren't appropriate can lead to inaccurate coding, as well as revenue loss.

When it comes to symptom codes, the ICD-9-CM Official Guidelines for Coding and Reporting, advise "codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider." In addition, the guidelines state, "Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification."

So, for example, gait abnormality is an integral part of the Parkinson's disease process, Whitemyer says. Parkinson's disease is a progressive neurological movement disorder, which includes shuffling gait. While in many cases, home health treatment for a patient with Parkinson's disease might include therapy for abnormality of gait, the symptom "abnormal gait" is integral to the disease process of Parkinson's disease and is not necessary to code separately, she says.

The guidelines for coverage of therapy services (as outlined in the Medicare Benefit Policy Manual) clearly state, "While a patient's particular medical condition is a valid factor in deciding if skilled therapy services are needed, a patient's diagnosis or prognosis should never be the sole factor in deciding that a service is or is not skilled. The key issue is whether the skills of a therapist are needed to treat the illness or injury, or whether the services can be carried out by nonskilled personnel."

In other words, coverage isn't determined by the presence of an ICD diagnosis code alone, Whitemyer says. "The patient's clinical condition and need for the skills provided by therapy services as reported in the clinical record will be the primary determinant of therapy need."

Finally, while the LCDs do report a list of codes that support therapy, it should also be noted that there are no codes listed under "diagnoses that do not support therapy," Whitemyer points out. The diagnoses included in the list of codes that support therapy in the LCDs do help indicate a patient's need for therapy. But, this list is not "all inclusive" and is not intended to mean that therapy for a patient would not be covered if one of the codes on the list was not included.