# Home Health ICD-9/ICD-10 Alert

## PPS 2013: Try These Techniques for Preventing Case Mix Loss

**Bone up on disease processes to make sure you aren't missing out on reimbursement.**

While the new M1024 rules are here to stay, you may be able to prevent a devastating loss of case mix points. Take a look at your coding habits and see if you can improve in three often overlooked areas.

**1. Assuming a condition is resolved.** There are times that coders may lose case mix points out of habit, **Mary Deakle, HCS-D, COS-C,** manager of compliance and education with **Daymarck Home Healthcare Coding** in Bismarck, N.D. cautions.

**For example:** If your patient has cancer and it's not documented as resolved, you can still code for it as current in many cases, Deakle says. "If the patient had a mastectomy due to breast cancer, don't assume it's gone and that you could only have put the cancer in M1024 as a resolved condition," she says. The patient may be recovering from surgery before going on to receive chemotherapy. "Only listing the cancer in M1024 is a habit many coders have when the diagnosis may still count as active."

**2. Beef up your understanding of disease processes.** Make sure you know when a diagnosis is still active and when it's been resolved.

To make sure you're not leaving case mix points on the table, study the disease process and treatments, Deakle advises. Know which treatments actually resolve the condition and which help alleviate symptoms.

**For example:** Atherosclerotic heart disease, commonly referred to as CAD or coronary heart disease, is not resolved by a bypass procedure.

"I always say the doctor bypassed the problem, not cured the problem," says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, **HCS-O,** consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, TX. "I think coders commonly assume that certain conditions are appropriately coded only in the hospital, but that rule applies to very few diagnoses. Patients come home with lots of acute conditions, many of which are not resolved completely by the treatment received in the hospital. By considering them resolved, coders are omitting the very conditions that may be the focus of care."

**3. Ensure you were using M1024 correct in the first place.** "I recently completed a coding audit of a company that I would've thought had a great understanding of coding and M1024," says Selman-Holman. "What I found is that the coders had a misconception regarding M1024 that did not lose them points in 2012, however that same behavior will lose them tons of points in 2013."

These coders didn't understand that the conditions coded in M1024 should have also been coded in M1022 directly underneath the corresponding V code when still present, Selman-Holman explains. "It was not a matter of not knowing whether the condition still existed or not."

Conditions such atherosclerotic heart disease (414.00), pancreatic cancer (157.9), complications of colostomy (569.69), late effects of cerebrovascular accidents (CVAs) (438) were coded in M1024 and not coded in M1022, Selman-Holman says. "These conditions all earned points in 2012, but coding the same way in 2013 will result in loss of all those points."

**Bottom line:** "Coders and clinicians alike need to remember that columns 1 and 2 are the current conditions that need intervention in the plan of care," Selman-Holman says. And column 2 appears on the claim.

**Example:** Suppose you're providing care directed at the late effects of a CVA. If you don't list a late effects of CVA code

in M1022, there will be no diagnosis explaining the multiple therapies that are being provided to your patient, Selman-Holman says.