

## Home Health ICD-9/ICD-10 Alert

## PPS:CORRECT THIS PPS PROBLEM -- OR PAY THE PRICE

Make sure your coding doesn't give short shrift to the care you provide.

Now that you're ending the third quarter under the revised prospective payment system, it's time to come up for air and see where your training dollars should go next -- and if you're making costly mistakes.

One such mistake many agencies have fallen prey to is letting the therapy approach throw off your primary diagnosis selection. Many agencies "are stuck on a few diagnoses they use for almost everything" when therapy is the primary service provided on the plan of care, says **Karen Vance**, supervising consultant with **BKD** in Springfield, Mo.

Problem: The four most common diagnoses in home health are chronic obstructive pulmonary disease (COPD) -- 490-496 (Chronic obstructive pulmonary disease and allied conditions), congestive heart failure (CHF) -- 428.x (Heart failure), hypertension (HTN) -- 401.x (Essential hypertension) and diabetes mellitus (DM) -- 250.xx (Diabetes mellitus).

However, few agencies list those diagnoses in M0230 as their primary diagnosis, choosing instead to list a "rehab" diagnosis such as gait abnormality (781.2) or muscle weakness (780.79), Vance notes. Not only do agencies stuck in this rut wind up with limited patient documentation, but they also curb patients' opportunities to receive well-rounded therapy.

Example: When a patient suffers from both COPD and CHF, the primary diagnosis is often listed as strengthening muscle weakness. The occupational therapy plan of care usually focuses on energy conservation techniques such as pursed-lip breathing and other oxygen- restoring activities that will help the patient budget her strength so that she is not too exhausted at the end of the day. And the physical therapy plan of care includes adapting the environment to reduce the patient's chances of falling. But the conditions this plan of care addresses more closely match the COPD and CHF than muscle weakness.

Solution: Rather than focus on secondary diagnoses, agencies should list in M0230 the primary diagnoses that caused those problems, Vance instructs. When you simplify the diagnosis, you fail to acknowledge the other work that goes into your care. For instance, when you focus only on strengthening work, you ignore time you spent training caregivers on safety and helping patients better manage their medications, she says.