

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

### Reader Question: Don't Write Off These No-Longer-Case-Mix Codes

**Question:** I understand that the Centers for Medicare & Medicaid Services recently determined that we had been using over 150 diagnosis codes incorrectly in home health and removed the codes from the case mix list. How are we supposed to code for our patients when they have one of the deleted diagnoses?

Delaware Subscriber

**Answer:** CMS did remove 170 diagnosis codes from the prospective payment system case mix calculation for 2014, but that change shouldn't impact your coding practices in the way you describe.

CMS's reason for removing the codes from the PPS grouper was the belief that the codes contributed to inaccurate overpayments. The final rule for 2014 removed two categories of codes CMS deemed ineligible for added case mix points □ those conditions that are "too acute" and those that didn't require home health treatment.

**Result:** The affected codes no longer provide case mix points, but they are still valid codes. You should continue to report these codes when your patient is diagnosed with the condition they describe and the diagnosis impacts the care your agency will provide.

Don't make the mistake of changing your coding practices just because these codes are no longer on the case mix list. Altering your coding practices as a result of these codes losing their case mix status could earn your agency unwanted attention as it may give the impression that you were only reporting these diagnoses because they could garner your agency additional reimbursement.