Home Health ICD-9/ICD-10 Alert

READER QUESTIONS: Don't Go To Extremes With OASIS Diagnoses

Question: How detailed do we need to be in coding a diagnosis on OASIS? Do we really need to list more than a primary and secondary diagnosis?

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Answer: CMS instructions state that all pertinent diagnoses must be coded. It's rare in home care that a patient has only two pertinent diagnoses. This is not to say that you need to go overboard and list every diagnosis to match each medication the patient is receiving. But you shouldn't go to the opposite extreme and set an arbitrary limit on the number of diagnoses you report. Both methods are incorrect.

If there are only two pertinent diagnoses listed, the patient is usually only receiving therapy. If this is the case, usually the therapy is reported first followed by the condition requiring therapy, such as abnormality of gait (781.2). Even in this case it would be rare that the patient has only abnormality of gait and no other pertinent diagnoses. When faced with this sort of situation, look through the OASIS to see why the patient has a gait problem. Remember that co-morbidities must also be coded on therapy-only patients.

As a rule, for each patient, you should list: the primary reason for home care; any other diagnoses that will have interventions; and any co-morbidities that have to be coded such as diabetes, coronary artery disease and hypertension. At times this may result in more diagnoses than there are M0230/M0240 spots. CMS guidelines instruct you to add other pertinent diagnoses to the plan of care. That may mean additional diagnoses in Item 13 on the plan of care. If your software won't allow you to add other diagnoses to Item 13, the additional diagnoses must be added in Item 21 on the plan of care.