

Home Health ICD-9/ICD-10 Alert

Reader Questions: Get The Guidelines For Coding Co-Morbidities

Question: I recently read in your publication that if the diagnosis of a co-morbidity may impact the care, even if you're not treating the co-morbidity, you should code the diagnosis. However, since reading this, I have heard a different opinion -- that only co-morbidities with active interventions should be reported. Could you please tell me what the official guidance is on this matter?

-- North Carolina Subscriber

Answer: Official guidance from Medicare can be found in both the OASIS C Implementation Manual and in Appendix D. While the diagnoses should be supported in the medical record documentation, which Medicare defines as the comprehensive assessment and the Plan of Care, there is no requirement for "active intervention."

Attachment D, the predecessor of Appendix D, was worded strangely which led many to believe that all diagnoses required active intervention. Since that time, after many protests from coders, Medicare issued a correction.

Current language still states, as it did before Attachment D, that secondary or "other diagnoses" are "Not only conditions actively addressed but also any co-morbidity affecting the patient's responsiveness to treatment and rehab prognosis, even if the condition is not the focus of any home health treatment itself." [emphasis added]