

Home Health ICD-9/ICD-10 Alert

Tools: 6 Steps Pave the Way to Audit-Hardy Coding

Precise coding doesn't require an overly-detailed coding policy.

An ICD-9 coding policy can help keep your claims flowing smoothly, but you can't just set it up and forget it. Here's how to establish a policy that will remain current and help you avoid headaches when the auditors come calling.

Step 1. The first building block of a well-designed coding policy is to indicate that your agency adheres to the ICD-9-CM Official Guidelines for Coding and Reporting, says **Tricia A. Twombly, BSN, RN, HCS-D, CHCE**, senior education consultant and director of coding with **Foundation Management Services** in Denton, Texas. Not staying up-to-date with these standard rules can lead to trouble.

For details: The Official Guidelines are updated each year and usually available shortly after the annual ICD-9 updates are made public. If your agency stays up on the rules in the official guidelines, you won't have to worry about being blindsided by any across-the-board ICD-9 coding changes.

Step 2. Establish your coding process, including who does the coding and how you make corrections, says home care consultant **Karen Vance, OTR** with **BKD** in Springfield, MO.

For example: For many home health agencies, the process involves an assessing clinician who does the coding in the field and then hands their work off to an in-house coding expert who reviews the selections. The **Centers for Medicare & Medicaid Services** (CMS) allows home health coding experts to assist with proper diagnosis code sequencing and adherence to coding rules, but requires that the assessing clinician be the one to assign the diagnoses and symptom control ratings.

Your coding policy, like the one Foundation Management Services uses, might require both the expert coder and the assessing clinician to sign off on M1020, M1022, and M1024. This helps demonstrate that the clinician has determined these particular diagnosis codes are pertinent for this patient and that the expert coder agrees the diagnoses are sequenced correctly and comply with coding guidelines.

Step 3. Describe how your coding staff will stay up-to-date and maintain their coding competencies. Staying on top of changes can be especially important, whether to the official guidelines, home health PPS, or the upcoming transition to ICD-10.

Key issue: Correct sequencing is always a concern for home care coders. Choosing the most appropriate diagnosis for placement in M1020a helps ensure not only that your agency is paid appropriately but that your coding will stand up under scrutiny from auditors. The assessing clinician and the expert coder must work together to make certain the ICD-9 codes are listed according to the seriousness of the patient's condition.

Step 4. Document your auditing process -- including the percentage of charts you'll audit for accuracy and how often you'll conduct those audits. Internal auditing can help make sure your coding is accurate before your mistakes are found in a costly audit from a ZPIC or one of the other governmental auditing entities.

Step 5. Measure your coders' accuracy. Paired with auditing, establishing an accuracy rate for your coders can help set the bar for your agency's commitment to precise coding. If you require your coders to maintain a 95 percent accuracy rate with their coding, include this information in your policy, Twombly says.

Tip: Holding regular meetings with coders to review their ratings encourages accuracy and may be information you want to include in your policy.

Step 6. Keep policies current. Don't let your coding policy sit on the shelf and grow dusty. Make the effort to check your policy periodically to make certain it's current, Twombly says. Staff at Foundation Management Services meet every six weeks to ensure their policy stays fresh and addresses any recent developments such as revised PPS and any resulting changes that impact coding.

Mistake: Don't write policies that attempt to address how you're going to code each particular diagnosis, Twombly says. General policies that address the methods you use to keep your coding accurate are more useful and workable.

Follow-Up: If you do get downcoded in an audit related to your diagnosis codes, be prepared to ask for a redetermination, advises **Lisa Selman-Holman, JD, BSN, RN, HCSD, COS-C**, consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas. If your coding is supported by clear clinical documentation and you have followed the appropriate guidance, be prepared to write an appeal stating why the coding is correct and quote official guidance in that appeal.

Auditors are not necessarily coders and may not know the rules that govern the practice of coding, Selman-Holman notes. Quoting specific sections of the official coding guidelines helps to show that you are knowledgeable and have coded correctly.