

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

### Watch for These Intake Hotspots

**Tip:** Providing your intake department with a checklist of information to ask for can help keep them from forgetting to ask for the details you need. Be sure to include the following areas:

**Symptoms.** When a referral includes ill-defined symptom codes, intake staff should ask for details regarding the underlying condition causing the symptom, says **Delaine Henry, COS-C, HCS-D**, with **Health Care Management and Billing Services** in Lafayette, La. "We can no longer take a patient with a prescription written by doc that says 'Admit to home health due to debility.' ... We need to know the cause of the debility."

**Physical restrictions.** Documentation of physical restrictions can help support the need for home health and the homebound status. If your wound care patient has been instructed to stay non weight bearing on his left foot and he has late effect hemiplegia in the right side caused by a CVA, "that information would certainly go miles toward supporting homebound status, as well as give us a good idea of what care the patient needs," Henry says.

**Multi-discipline cases.** Rather than just accepting a referral that lists a number of disciplines, intake staff should ask for some specific orders for each of the services, says **Judy Adams, RN, BSN, HCS-D, HCS-O**, with Adams Home Care Consulting in Asheville, N.C. "Try to avoid getting just a list of disciplines to evaluate."

**Contacts.** The intake department should be sure to gather details such as which physician will be responsible for the patient after discharge from a facility, Adams says. Also, they should determine whether there is a case manager or someone specific that they can speak with to gather additional information. This could include gathering more detail about the diagnoses the patient has, as well as what has transpired leading to a referral for home health.

**Bottom line:** While your agency staff needs to identify the diagnoses that are most appropriate for your setting, gathering as much history as possible helps to focus the assessment on aspects of the patient's health status that might need more attention, Adams says. "Overall, the intake person has to use every opportunity to ask for more detail based on what is being relayed to them."