

MDS Alert

Coding 202 : 1 2, 3 ... Keep Your ICD-9 Coding More Error Free

A little extra effort can clean up your claims.

Ready to give your ICD-9 coding and billing a check-up? Consider these key strategies.

1. Use the most specific codes possible to communicate the resident's condition. You may have to get more information and documentation from the physician to use the most specific code possible, says **Shelley Safian, MAOM/HSM, CCS-P, CPC-H, CPC-I, CHA**, associate professor at Herzing University in Winter Park, Fla. But doing so pays off. For example, using a more specific code can convey a much more serious situation that justifies a level of care or services provided, says Safian.

Asthma is one example. A fifth digit for that diagnosis conveys whether the person has status asthmaticus, a life-threatening condition. "A code for an asthma attack would not support medical necessity for admission into the hospital, whereas that fifth digit reporting the status asthmaticus certainly would," Safian points out.

Another example: "You also want to use a code to convey that someone has malignant hypertension [if that's the case] rather than benign hypertension," Safian adds.

Keep in mind: Specific codes do more than help your claims get paid. The more accurate information conveyed by a specific code could also expedite care for an elder who has multiple healthcare providers, notes Safian.

Using a more specific code can also help improve patient safety. For example, ICD-10, which will allow you to code with much more specificity, includes a code to convey that a breast cancer is in the left or right breast, Safian says. "Using the ICD-9 codes even in 2010, you can convey the location of a breast cancer in the breast but you can't identify which breast the cancer is in."

2. Check to see if miscoding is claiming your payment. "If the SNF keeps getting denials for medical necessity, the first thing you want to do is look at the codes being used," Safian instructs. "You may find you are getting denials related to a specific code. Is a digit off? If you put 12 instead of 21, you no longer have medical necessity."

3. Do internal audits. "SNFs sometimes fall into a routine with their coding where they use the same codes over and over," observes **Janet Potter, CPA**, a healthcare specialist with Frost, Rittenberg & Rothblatt in Deerfield Ill. So periodically review whether there are other codes you should be using or if the codes used really address your resident population, she advises.

Tip: Consider using coders who just graduated to make sure the codes on claims are accurate and specific enough, suggests Safian. "You can hire them for a bit less, and they have current knowledge about the law --and the codes are fresh in their heads. Have them sit down with the claim forms and check every ICD-9 code against the current book, and also the procedure codes."