

OASIS Alert

Diagnosis Coding : ARE YOU THROWING AWAY CASE MIX POINTS?

Follow these steps to correct reimbursement.

The diagnosis codes listed on your OASIS assessment affect multiple aspects of the home health episode.

To be sure you are receiving all the available case mix points for appropriate reimbursement, keep the following four points in mind when listing your patients' diagnosis codes:

1. Know when to report a V code. If you place a V code in the primary or any of the secondary diagnosis positions in M0230 and M0240 -- and the V code replaces a case mix diagnosis -- you have an opportunity to gain case mix points for the episode.

In general, sequencing V codes is discretionary unless it is a V code with multiple, dual, or paired coding instructions such as "use additional code" or "code first," says **Trish Twombly**, director of coding with **Foundation Management Services** in Denton, Texas. When you see instructions such as these, follow manifestation coding guidelines, and sequence the V code accordingly.

2. Determine the focus of care. Look to the OASIS assessment and the information you have from the hospital or physician. Together with the plan of care, these documents determine the focus of care and the secondary diagnoses that may impact the care. The primary diagnosis is the diagnosis most related to the current home health plan of care, says **JunMapili** with **Global Home Care** in Troy, Mich.

3. Get credit for co-morbidities. Don't overlook co-morbidities that are addressed in the plan of care or that may affect the plan of care or rehab prognosis. These conditions can earn case mix points because they will impact the care you provide.

Don't miss: The recent **Centers for Medicare & Medicaid Services'** correction to Attachment D clarifies that secondary diagnoses that affect the treatment or prognosis can be included on the OASIS even if they are not addressed in the plan of care, confirms **Lisa Selman-Holman**, consultant and principle of **Selman-Holman & Associates** in Denton, Texas. (For more Attachment D information, see Eli's OASIS Alert, Vol. 10, No. 3, p. 22.)

4. Keep an eye on non-routine supplies. Diagnoses translate directly into points both for the home health resource group (HHRG) score and for NRS. And NRS points are additive. "Without the correct diagnosis, you are not going to receive the correct non-routine supplies reimbursement," warns home care consultant **Lynda Laff** with Hilton Head Island, S.C.-based **Laff Associates**.

Note: For more detailed coding information, subscribe to Eli's Home Health ICD-9Alert by calling 1-800-874-9180 or online at www.elihealthcare.com.