

OASIS Alert

Diagnosis Coding: CLEAN UP THOSE CHEAT SHEETS--CODING CHANGES ARE HERE AGAIN

Out with the old, in with the new, as of October 1.

Change is hard, but if you don't learn the new codes each year, you could find your claims bouncing back to you unpaid.

The 2006 ICD-9 coding changes that take effect Oct. 1, 2005 include 173 new diagnosis codes, 28 revised diagnosis code titles, and 14 invalid diagnosis codes, senior clinical consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen Health Care Group** told listeners during the Sept. 22 teleconference "2006 ICD-9 Coding Update for Home Health." Luckily, only some of these affect home health agencies.

Codes Most Likely to Affect Home Care

A number of new codes will find their way into either the primary or secondary diagnoses on your OASIS assessment, Adams predicts. Some of these are:

Diabetic retinopathy codes. Five additional five-digit codes showing the progression of diabetic retinopathy are likely to be used in home health because of the high number of diabetics agencies care for, Adams expects.

If your patient has diabetic retinopathy, you would first use the 250.5x code for the diabetes with retinal manifestations, and then code the appropriate 362.0x code for the type of retinopathy. These include 362.03 (Nonproliferative diabetic retinopathy, NOS), 362.04 (Mild nonproliferative diabetic retinopathy), 362.05 (Moderate nonproliferative diabetic retinopathy), 362.06 (Severe nonproliferative diabetic retinopathy), and 362.07 (Diabetic macular edema/diabetic retinal edema).

Chronic kidney disease codes. What used to be called chronic renal disease is now more precisely called chronic kidney disease, Adams explains. And seven new codes will encourage clinicians to query physicians about the stage of the kidney disease, she says. Codes 585.1 through 585.5 are for chronic kidney disease, stages I through V. Code 585.6 is for end stage renal disease and usually would be accompanied by a code for either dialysis or transplant status, Adams notes. Code 585.9 (Chronic kidney disease, unspecified) is the least specific of this group of codes.

Implant or device complications. This group of eight codes--996.40 to 996.49--provides clinicians with a way to indicate more specifically situations where implants or other devices have loosened, failed or worn out. These may be used as primary or in M0190 or M0200 in home health, Adams says.

Tip: Don't forget to add the V code to indicate which joint is involved, Adams notes.

New V codes. Several of the new V codes HHAs may see are V15.88 (History of falls), V12.61 (Personal history, Pneumonia (recurrent)) for either recent or repeated episodes of pneumonia, and V49.84 (Bed confinement status), Adams predicts.

Take Action to Prevent Coding Errors

October's coding changes should remind you to take these actions, Adams advises:

- Identify all current patients who may have one of the changed diagnosis codes so you can prepare to update the codes with the next assessment or care plan developed after the end of September.

- Obtain new or updated coding manuals containing the 2006 codes.
- Educate staff about coding changes.
- Contact your software company to be sure you have the update installed.
- Test known coding changes on all software, books and cheat sheets and discard any that are outdated.

Note: The complete list of coding changes is at www.cms.hhs.gov/medlearn/icd9code.asp. For a more detailed discussion of coding changes, order Eli's Home Health ICD-9 Alert at www.elihealthcare.com or by calling (800) 874-9180. To order a tape or CD of the teleconference, call (800) 508-2582.