

OASIS Alert

Diagnosis Coding: Create A Coding Policy That Saves Time And Money

Inaccurate coding creates a flawed OASIS.

If your agency's coding policy is inadequate -- or nonexistent -- use these six steps to get it right.

Step 1. Set your standards. Your policy should first indicate that your agency will adhere to the ICD-9-CM Official Guidelines for Coding and Reporting, says **Trish Twombly**, director of coding with **Foundation Management Services** in Denton, TX. Not staying up-to-date with these standard rules can lead to trouble for your agency.

Example: Under the revised prospective payment system that went into effect Jan. 1, if you don't list a manifestation code following its corresponding etiology code, you won't get the appropriate case mix points. If your agency stays up on the rules in the official guidelines, you won't have to worry about making this mistake.

Step 2. Document. Record who is doing the coding and how corrections are made, says home care consultant **Karen Vance** with **BKD** in Springfield, MO.

Example: In many agencies, coding is done in the field by the assessing clinician and then reviewed by an in-house coding expert. The **Centers for Medicare & Medicaid Services** states that the assessing clinician must be the one to assign diagnoses, but that a coding expert can assist with proper sequencing and adherence to coding rules.

As part of their coding policy, FMS requires both the expert coder and the assessing clinician to sign off on M0230, M0240, and M0246, Twombly says. This indicates that these are the diagnosis codes the clinician has determined are pertinent for this patient and that the expert coder agrees they are listed in the right order and comply with coding guidelines.

Step 3. Stay current. Indicate how your coding staff will stay up-to-date and maintain their coding competencies. Staying on top of changes can be especially important because home care is constantly changing, says Vance.

Key issue: Correct sequencing is even more important under the revised PPS, Vance says. The assessing clinician and the coder need to work together to make certain ICD-9 codes are listed in the correct order.

Staying up-to-date on the coding rules helps to prevent mistakes. For example, under new PPS guidelines, you could lose out on reimbursement and risk adjustment if you sequence V codes ahead of case mix diagnoses.

Step 4. Describe your auditing process. Internal auditing can help make sure your coding is accurate before it starts costing your agency. Indicating what percentage of charts you'll audit for accuracy and how frequently you'll conduct audits should be part of your policy.

Step 5. Measure coding accuracy. Paired with auditing, you might want to include information about the accuracy rate you expect from your coders, Twombly says. If you require your coders to maintain a 95 percent accuracy rate with their coding, include this information in your policy. Meeting regularly with coders to go over their ratings is also useful, and information you may want to include in your policy.

Step 6. Keep policies current. Don't let your coding policy grow dusty. Meet periodically to make certain your policy is

up-to-date, Twombly says.

Mistake: Don't waste time writing policies that 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.