

## OASIS Alert

### Diagnosis Coding: PREPARE NOW FOR THESE ICD-9 CODING CHANGES

**Agencies must be ready by October 1 -- no exceptions allowed.**

Every year, just in time to spoil your summer vacation, changes to the ICD-9-CM diagnosis codes come out. And this year there's even more reason to make coding changes part of your vacation reading.

Heads up: Several of the diagnosis code changes address areas frequently coded in home health, experts say. And unlike past years, the **Centers for Medicare & Medicaid Services** is not allowed to provide a 90-day grace period to give providers time to make the adjustment.

The Health Insurance Portability and Accountability Act that requires agencies to use V codes when applicable also requires agencies to use the correct new codes beginning October 1, explains consultant and credentialed coder **Lynda Dilts-Benson** with St. Petersburg, FL-based **Reingruber and Co.** "New and changed codes must be entered into the home health agency's systems ASAP," she adds.

"Any time the codes change, there is the possibility of claims rejecting if billed with the old codes," warns reimbursement consultant **M. Aaron Little** with **BKD** in Springfield, MO. Claims with invalid codes return to provider (RTP), "which could slow down cash flow and result in extra time spent correcting documentation as well as claims," Little notes.

Strategy: Agencies "need to be aware of the upcoming new diagnosis codes and instruct their coders and/or staff on their availability prior to Oct. 1," stresses **Ida Blevins**, supervisor of reimbursement and information management for **St. John's Hospital Home Health Services** in Springfield, IL.

Planning: Here are the diagnosis code changes most likely to impact home care providers, experts say:

1. **Decubitus ulcers** -- 707.00 (Decubitus ulcer, unspecified site), 707.01 (Decubitus ulcer, elbow), 707.02 (Decubitus ulcer, upper back), 707.03 (Decubitus ulcer, lower back), 707.04 (Decubitus ulcer, hip), 707.05 (Decubitus ulcer, buttock), 707.06 (Decubitus ulcer, ankle), 707.07 (Decubitus ulcer, heel), and 707.09 (Decubitus ulcer, other site).

Currently, the only code for a decubitus ulcer is the "very non-specific" 707.0, points out **Jennifer Andres**, health information & compliance coordinator for **St. Luke's Home Health Services** in Duluth, MN. "After October, the code choices for decubitus ulcers will include the location of the ulcer. The increased specificity is a great benefit to clinicians, physicians, billing, auditing, reporting, etc.," Andres says.

"The code now requires five digits instead of the four we were used to, which will lead to many claims being returned to the providers and a delay in payments," Dilts-Benson warns.

2. **V codes.** HHAs are likely to use two new aftercare codes, suggests coding expert **Prinny Rose Abraham**, consultant with **HIQM Consulting** in Minneapolis -- V58.67 (Long-term [current] use of insulin) and V58.66 (Long-term [current] use of aspirin). "We will use [the insulin code] with some degree of frequency," Blevins predicts.
3. **Bronchitis.** The code for obstructive chronic bronchitis with acute bronchitis (491.22) will likely impact home care folks, Abraham says.

4. **Venous embolism** -- 453.40 (Venous embolism and thrombosis of unspecified deep vessels of lower extremity), 453.41 (Venous embolism and thrombosis of deep vessels of proximal lower extremity) and 453.42 (Venous embolism and thrombosis of deep vessels of distal lower extremity) will be used in home care.
5. **Descriptors.** It's not just outright coding changes that will affect HHAs, Dilts-Benson notes. Changes to the code descriptors, rather than the codes themselves, also will affect how agencies code.

Hidden trap: "The descriptor for the diabetes codes no longer makes reference to insulin use or non-use," Dilts-Benson points out. That change is likely to trip up HHAs' diabetes coding in the 250 series because "many in the health care industry erroneously used the insulin connection to choose the diabetic codes," she says.

"The only factors utilized in the decision as to which codes to use should always have been Type I or Type II, controlled or uncontrolled," Dilts-Benson says.

Tip: "Home care agencies that are involved in mental health" should note that descriptors also have changed for a wide range of mental health diagnoses, Andres highlights.

Editor's Note: The coding changes are available at [www.cms.hhs.gov/medlearn/icd9code.asp](http://www.cms.hhs.gov/medlearn/icd9code.asp). For more detailed information see Eli's Home Health ICD-9 Alert.