

OASIS Alert

Diagnosis Coding: STAY IN THE BLACK BY PRIORITIZING CODING

In a few short months new ICD-9-CM codes will go into effect, and if you drop the ball on updating the codes you use, your reimbursement could drop like a lead balloon.

"Medicare systems are required to install and accept new and revised 2002 ICD-9-CM [codes] for claims processed on or after October 1, 2002," the **Centers for Medicare & Medicaid Services** spells out in June 21 program memorandum AB-02-085. "ICD-9 codes are updated annually."

Medicare contractors "should emphasize the importance for providers to use the most recent version of ICD-9-CM coding book and to code to the highest level of specificity," CMS adds.

CMS has posted the new codes effective Oct. 1 at www.cms.hhs.gov/medlearn/icd9code.asp.

Home health agencies that fail to update their coding practices will waste time and money, warns consultant **Pat Sevast** with **American Express Tax & Business Services** in Timonium, MD. Claims will come back rejected for invalid codes, delaying the HHAs' cash flow. Or agencies will fail to code patients' diagnoses to a new, higher specificity, incurring medical reviewers' wrath.

Don't Let Wound Code Changes Hurt You

To avoid those problems, agencies should review the new codes, advises coding expert **Prinny Rose Abraham** with **HIQM Consulting** in Minneapolis. HHAs can determine which codes they most frequently use and analyze them for impact on documentation and reimbursement requirements.

Topping the list of home health-utilized codes that will become invalid is 998.3 (disruption of operation wound), Sevast points out. Two more specific codes 998.31 (disruption of internal operation wound) and 998.32 (disruption of external operation wound) will replace it.

Two more soon-to-be invalid codes agencies use are 357.8 (other inflammatory and toxic neuropathy) and 359.8 (other myopathies), she adds. The neuropathy code will be replaced with 357.81 (chronic inflammatory demyelinating polyneuritis), 357.82 (critical illness polyneuropathy) and 357.89 (other inflammatory and toxic neuropathy). The myopathy code will become 359.81 (critical illness myopathy) and 359.89 (other myopathies).

A more subtle danger may be with codes that don't become invalid, but more specific versions of the code are available, experts warn. For example, come October, 428.0 (congestive heart failure) will be split into 12 more specific codes from 428.20 to 428.43 indicating the specific heart problem. But 428.0 still will be available for use as well.

"If agencies have more information from the doctor, they can code that more specifically," says Sevast. "But agencies usually won't get that specific information," in which case using the general 428.0 is fine.

But that should be a conscious choice, not a choice made of ignorance, experts warn.

HHAs should use the new diagnosis codes based on date of service, not on the date of the claim, Sevast reminds providers. Agencies will have a bit of time to get used to the new codes. Medicare allows a grace period from Oct. 1 to Dec. 31 where "Medicare systems must accept both the old and new ICD-9-CM codes," the memo says.

To ensure coding update success, home health agencies should:

1. **Buy new coding books.** Agencies should order early since books often get back-ordered around update time, Abraham advises.

As a stop-gap measure, HHAs can write the new codes over the old ones in the books they have, Sevast allows. "But don't say there aren't enough changes to warrant getting new books," she urges.

2. **Check with your software vendor(s).** Ask it when the updated code file will be ready, Abraham suggests.
3. **Draft your update plan.** It should cover updating servers, desktops and laptops to make sure you don't miss any systems, Abraham says.
4. **Run diagnosis code-specific reports.** Identify the patients you have that are assigned the codes that will become invalid or more specific Oct. 1, Sevast counsels. Go to the new coding list and see which codes are most appropriate. "Existing patients are most at risk" of receiving incorrect coding, she cautions.

Editor's Note: Invalid codes are at www.cms.hhs.gov/medlearn/table6c.pdf. New codes are at www.cms.hhs.gov/medlearn/table6a.pdf.