

## OASIS Alert

### Education: TRAIN STAFF TO AVOID PPS DENIALS

What's the prognosis for your staff's diagnosis coding condition? If the outlook appears bleak, you'll probably face an ever-lengthening string of prospective payment system denials.

Most home health agencies can't afford to lose much-needed reimbursement due to denied or downcoded claims for services already provided. To avoid this problem, train your staff members to ask themselves the following three questions when determining diagnosis codes, suggests consultant **Prinny Rose Abraham** with Minneapolis-based **HIQM Consulting**:

1. Does the selected primary diagnosis represent the most acute condition with the most intensive services provided?
2. If yes, is the diagnosis coded and sequenced correctly?
3. If yes, is the assigned diagnosis supported by the medical record documentation?

Taking the time to think through these questions should mean more accurately coded claims going out your door, and more money coming in.

HHAs should appoint an employee to review each denial you receive due to incorrect diagnosis coding, Abraham tells **Eli**. While reviewing denials, this person also should ask the questions listed above, she instructs.

Agencies should train all clinicians completing OASIS with a view to helping them "understand the importance of selecting the primary diagnosis that represents the most acute condition with the most intensive services provided," Abraham urges. Many clinicians operate under the false assumption that they should always assign the underlying disease as the primary diagnosis, she notes. That generally is true only for specific conditions such as diabetes.

Also, it's important for HHAs to ensure clinicians understand how to use ICD-9 coding manuals. The **Centers for Medicare & Medicaid Services** also has released a useful coding guidance, and agencies should study section 4 (proximate diagnosis versus underlying condition) and section 5 (proper use of chapter 16 symptom codes) in that document, Abraham suggests. "Unlearning the message to never use symptom codes will take training and time," she insists.

Another issue agencies must address is the fact that many clinicians don't use coding manuals at all, and instead rely on crib lists. Those crib lists often contain incorrect information, leading to diagnosis coding problems galore.

"Agencies must ferret out these lists and either abolish them or replace them with accurate lists that identify manifestation codes, sequencing requirements and the correct use of trauma codes," Abraham advises.