

OASIS Alert

PPS 2013: Re-Think M1024 to Keep Case Mix Points

Bone up on disease processes to make sure you are not missing out on reimbursement.

As of Jan. 1, under the 2013 Home Health Prospective Payment System, M1024 □ Payment diagnoses is reserved for reporting acute fracture codes only. Make sure you're not letting one of these old assumptions take a toll on case mix points under the new guidelines.

Be sure you've been using M1024 correctly.

If you haven't been answering M1024 accurately, you may find yourself missing out on points and reimbursement in 2013.

"I recently completed a coding audit of a company that I would've thought had a great understanding of coding and M1024," says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C, HCS-O**, consultant and principal of **Selman-Holman & Associates** and **CoDR □ Coding Done Right** in Denton, TX. What she found was that the coders at this company had a misconception regarding M1024. This misunderstanding hadn't lost them points in 2012, but same behavior would lose plenty of points in 2013 if it wasn't corrected.

The coders at this company didn't understand that when they listed a conditions in M1024 that the patient still had, they should have also been coding that diagnosis in M1022 directly underneath the corresponding V code, Selman-Holman explains. "It was not a matter of not knowing whether the condition still existed or not."

Conditions such atherosclerotic heart disease (414.00), pancreatic cancer (157.9), complications of colostomy (569.69), and late effects of cerebrovascular accidents (CVAs) (438) were coded in M1024 and not coded in M1022, Selman-Holman says. "These conditions all earned points in 2012, but coding the same way in 2013 will result in loss of all those points."

Bottom line: "Coders and clinicians alike need to remember that columns 1 and 2 are the current conditions that need intervention in the plan of care," Selman-Holman says. Column 2 appears on the claim.

Example: Suppose you're providing care directed at the late effects of a CVA. If you don't list a late effects of CVA code in M1022, there will be no diagnosis explaining the multiple therapies that are being provided to your patient, Selman-Holman says.

Don't assume a condition is resolved.

There are times that coders may lose case mix points out of habit, **Mary Deakle, HCS-D, COS-C**, manager of compliance and education with **Daymarck Home Healthcare Coding** in Bismarck, N.D. cautions.

For example: If your patient has cancer and it's not documented as resolved, you can still code for it as current in many cases, Deakle says. "If the patient had a mastectomy due to breast cancer, don't assume it's gone and that you could only have put the cancer in M1024 as a resolved condition," she says. The patient may be recovering from surgery before going on to receive chemotherapy. "Only listing the cancer in M1024 is a habit many coders have when the diagnosis may still count as active."

Beef up your understanding of disease processes.

Make sure you know when a diagnosis is still active and when it's been resolved.

To make sure you're not leaving case mix points on the table, study the disease process and treatments, Deakle advises. Know which treatments actually resolve the condition and which help alleviate symptoms.

For example: Atherosclerotic heart disease, commonly referred to as CAD or coronary heart disease, is not resolved by a bypass procedure.

"I always say the doctor bypassed the problem, not cured the problem," says Selman-Holman. "I think coders commonly assume that certain conditions are appropriately coded only in the hospital, but that rule applies to very few diagnoses. Patients come home with lots of acute conditions, many of which are not resolved completely by the treatment received in the hospital. By considering them resolved, coders are omitting the very conditions that may be the focus of care."