

OASIS Alert

Sample Document: Use This Tool To Assess Any Patient's Falls Risk

This simple metric can help you stay ahead of falls.

Worried about your patient's risk for falls, but don't see risk prevention in the plan of care? Use this assessment tool to determine whether you should contact the primary care provider to make some changes:

lower extremity (891.1) and additional diagnoses of 682.6 (Other cellulitis and abscess; leg, except foot) and 454.0 (Varicose veins of other extremities; with ulcer).

Dig deeper: You could end your search for correct diagnosis codes there, but McLain suggests digging deeper. Upon review of the hospital discharge summary, you discover that the wound is identified as a stasis ulcer associated with varicosities, but there is no mention of cellulitis. You make a call to the physician and identify the wound as a stasis ulcer associated with varicose veins with stasis dermatitis. So the correct code is actually 454.2 (Varicose veins of other extremities; with ulcer and inflammation).

You don't end up with a case mix diagnosis, but your coding is accurate, McLain says. Now the wound can be appropriately treated and your agency doesn't risk a denial for up-coding because the documentation supports the code you selected.

Remember: You have 6 days (day 0 + 5) on admission for a Medicare/Medicaid client to research a wound's etiology, McLain says. Doing this investigative work can prevent wounds that remain in a chronic state with no resolution for the client as well as financial risk for your agency.

