

OASIS Alert

Say Goodbye to Attachment D

The move to OASIS-C1 isn't the only change the **Centers for Medicare & Medicaid Services** has in the works to accommodate the ICD-10 diagnosis code implementation in October 2014.

First off, you can expect new edits to make sure you're using the new system correctly. "To ensure additional compliance with ICD-10-CM Coding Guidelines, we will be adopting additional claims processing edits for all HH claims effective October 1, 2014," the agency warns in the 2014 Home Health Prospective Payment System final rule. "HH claims containing inappropriate principal or secondary diagnosis codes will be returned to the provider and will have to be corrected and resubmitted to be processed and paid."

You'll also see the number of OASIS items where diagnosis codes can impact payment reduced from three to two □ M1021 and M1023. When ICD-10 reporting begins, "we anticipate that HHAs will be able to report all of the conditions included in the HH PPS Grouper as a primary or secondary diagnosis," CMS explains. "There will no longer be a need for any conditions to be reported in the payment diagnosis field because all of the ICD-10-CM codes included in our HH PPS Grouper will be appropriate for reporting as a primary or secondary condition."

In other words, only the diagnoses listed in the six slots provided in M1021 and M1023b-f will impact payment.

Therefore, CMS plans on "retiring" Appendix D, also referred to as Attachment D, effective Oct. 1, 2014. "All necessary guidance for providers is provided in the ICD-10-CM Coding Guidelines," the agency says.

While agencies have long looked to Appendix D guidance to sort out home health coding quirks, the instructions provided there "have been problematic since its release," said **Judy Adams, RN, BSN, HCS-D, HCS-O, with Adams Home Care Consulting** in Asheville, N.C in the Eli-sponsored audioconference OASIS-C1 Changes.