

## Home Health Coding and OASIS Expert

### Diagnosis Coding: Clinicians: Don't Miss this Coding Detail in the Updated OASIS Guidance Manual

**It's time to take a look at your coding policy.**

While the OASIS-C1 was originally developed with ICD-10 codes in mind, the version you began using on Jan. 1 doesn't include the expected overhaul to the diagnosis coding questions. But are you certain you're up-to-speed on the latest guidance for completing M1020/M1022/M1024?

#### **Say Goodbye to Appendix D**

Looking through the updated OASIS Guidance Manual for coding instruction, the first thing you may notice is that Appendix D: Selection and Assignment of OASIS Diagnosis is gone.

"In my opinion the most helpful thing about the directions in the OASIS-C1 Guidance Manual is the official elimination of Appendix D," says **Judy Adams, RN, BSN, HCS-D, HCS-O**, with Adams Home Care Consulting in Asheville, N.C. "That document was always very confusing to agencies and their staff."

The difficult part about Appendix D is that you needed to know how to code correctly in the first place to interpret what the **Centers for Medicare & Medicaid Services** meant in the document, 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, Texas.

Instead, look to the item-by-item response specific guidance on pages C-8 to C-11 (M1020/M1022/M1024) for clear instructions formatted for easy reading, Adams says. Overall, there aren't any essential changes in the definitions or instructions for selecting and sequencing of the primary and secondary diagnoses in M1020 and M1022, Adams points out.

**Good:** The language for selecting secondary diagnoses is much clearer, Selman-Holman says. Official guidance states:

"[T]he secondary diagnoses include coexisting conditions actively addressed in the patient's Plan of Care, and any comorbid conditions having the potential to affect the patient's responsiveness to treatment and rehabilitative prognosis, even if the condition is not the focus of any home health treatment itself." [Emphasis added]

That new language clarifies that if a diagnosis has the potential to affect the patient, then it should be coded, says Selman-Holman. "Just remember, if it's important enough to list, then it's important enough for interventions, even if [it's just an] assessment for exacerbations."

**Note:** M1024 language in the actual OASIS item is unchanged, however guidance manual language emphasizes that fractures are the only diagnoses that may earn points in M1024, Selman-Holman points out. You may list other diagnoses in M1024, if resolved, for risk adjustment only, she says. CMS has recently clarified that it's inappropriate to list two or more fractures with the same aftercare code in M1024 columns 3 and 4. You should only list diagnoses requiring multiple coding in Columns 3 and 4, such as in the case of an etiology/manifestation pair.

**Common mistake:** Some agencies are not changing the diagnoses at ROC or even at recertification, Selman-Holman notes. These agencies carry the same diagnoses forward at those time points, even though the conditions may have changed, she says.

**For example:** CHF may be the focus of care after an exacerbation, but if the diagnoses are just carried forward it could

wind up listed in a secondary diagnosis spot. This can also happen when the patient has a new diagnosis after hospitalization. "ROC is often 'ignored' because it doesn't often impact payment, but keep in mind that the ROC begins a new outcome episode and is extremely important for risk adjustment," Selman-Holman says.

**What a lot of agencies don't know:** CMS clarifies that "Diagnoses may change during the course of the home health stay due to a change in the patient's health status or a change in the focus of home health care. At each required OASIS time point, the clinician must assess the patient's clinical status and determine the primary and secondary diagnoses based on patient status and treatment plan at the time of the assessment."

Those changed diagnoses are very important because they support your medical necessity, Selman-Holman says.