

Home Health Coding and OASIS Expert

Do Your Diagnosis Codes Support Need for Insulin Injections?

Wondering exactly which patients the **Centers for Medicare & Medicaid Services** thinks should be eligible to receive visits for daily insulin injections? Look no further than the 2015 prospective payment system final rule.

Table 34 in the rule outlines the diagnosis codes CMS believes indicate a potential inability to self-inject insulin. The codes break down into the following categories, said **Judy Adams, RN, BSN, HCS-D, HCS-O**, with **Adams Home Care Consulting** in Asheville, N.C.

Amputation: Status or traumatic amputation of thumb, hand, wrist, below elbow, and shoulder.

Vision: Diabetic background retinopathy, macular degeneration, retinal degeneration, cataracts, moderate to severe impaired vision better eye w/severe/profound/vision loss in better eye, blindness, vitreous degeneration.

Cognitive/Behavioral: Senile, vascular and dementia in conditions classified elsewhere, degenerative neurological conditions (Alzheimer's, Pick's, fronto-temporal dementia, degeneration of the brain, and dementia with lewy bodies.

Arthritis: Osteoarthritis, polyarthropathy, monoarthritis, other specified and unspecified arthropathy, Kaschin Beck disease, other specified disorders, contractures, and rheumatoid arthritis affected the shoulder region, upper arm, forearm, and hand.

Movement disorders: Parkinson's, Parkinsonism, essential and other types of tremors, and acquired wrist drop.

After effect from stroke/other disorders of CNS/Intellectual disabilities resulting in: Dominant side hemiplegia, monoplegia, quadriplegia, and moderate/severe and profound intellectual disabilities.

Off list: Several diagnoses that would seem to support the need for skilled assistance with insulin injections didn't make the list, Adams said during the recent **AudioEducator** audioconference Are you ready for the 2015 Home Health PPS Changes? These include:

- V60.4 (No person willing or able to assist);
- 294.10 (Dementia in conditions classified elsewhere without behavioral disturbance);
- 294.20 (Dementia unspecified without behavioral disturbance);
- 317 (Mild intellectual disabilities); and
- Unspecified arthritis codes.

"The list of codes is not designed to limit the provider's ability to demonstrate the necessity for insulin injections based on other information in the medical record," CMS said in the final rule. But where they are appropriate, it's a good idea to make certain you're using these codes for your insulin injection-only patients.