

Home Health Coding and OASIS Expert

Full Steam Ahead for ICD-10

Docs get a deadline break, but you don't.

You might have been holding out hope for a last minute reprieve from the ICD-10 deadline, but that's not in the cards for home health agencies. Physician practices, on the other hand, don't have to worry quite so much about coding precision once the new code set goes into effect.

If physicians use the wrong ICD-10 code within the first year after Oct. 1, their claims will still be processed and paid, as long as they use an ICD-10 code from the correct code group, the **Centers for Medicare & Medicaid Services** says in a new guidance document posted to its website. "While diagnosis coding to the correct level of specificity is the goal for all claims, for 12 months after ICD-10 implementation, Medicare review contractors will not deny claims billed under the Part B physician fee schedule ... based solely on the specificity of the ICD-10 diagnosis code, as long as the physician/practitioner uses a valid code from the right family," CMS says in the guidance.

Because of some inconsistencies in the case mix diagnosis list and recent unpublished guidance from the Coding Clinic, home health agencies can expect some changes by January 1, 2016, says **Lisa Selman-Holman, JD, BSN, RN, COS-C, HCS-D, HCS-O, AHIMA Approved ICD-10-CM Trainer/Ambassador** of **Selman-Holman & Associates, LLC, CoDR** □ **Coding Done Right** and **Code Pro University** in Denton, Texas.

The **National Association for Home Care & Hospice** has requested that CMS provide home health agencies the same type of "grace period" it plans to provide to physicians. But any kind of grace period (which has not been granted as of this date) does not mean that ICD-10 will not be implemented, Selman-Holman points out. "It just means that if the exact code is not chosen, but the right code category is chosen, the claim will not be returned to provider (RTPd)."

Caution: Incorrect or inadequate code choices can still impact your case mix scores even if the claim is not RTPd.

Other ICD-10 developments that home care providers can take advantage of include:

- **An ombudsman and communications center.** CMS is creating a "communication and collaboration center" and appointing an ICD-10 ombudsman to resolve issues and address concerns. "As we get closer to the Oct. 1, 2015 compliance date, CMS will issue guidance about how to submit issues to the Ombudsman," the guidance says.
- **Advance payment if your MAC faces "administrative problems."** If your MAC experiences a system malfunction or has trouble implementing ICD-10, you might be able to collect a conditional partial payment until the issues are resolved. The advance payments □ which require repayment □ do not apply if you are unable to submit a valid claim, CMS clarifies. However, if a Medicare systems issue interferes with claims processing, CMS and the MACs will post information on how you can request an advance payment.

Don't miss: CMS is sponsoring an MLN Connects National Provider Call on the countdown to ICD-10 on Aug. 27. The call will cover a national implementation update, coding guidance, resources for coding questions, claims spanning the implementation date, results from end-to-end testing, and other provider resources. You can register for the call on the MLN Connects Event Registration website at www.eventsvc.com/blhtechnologies.

Note: The CMS guidance is at www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10-guidance.pdf.

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