Home Health Coding and OASIS Expert

ICD-10: Follow these Tips to Smooth the Way with ICD-10

Stay on your toes with combination codes, seventh digits.

By now, you've been coding in ICD-10 for some time. No matter how well you prepared for the transition to the new code set, you've probably experienced some surprises along the way. Get a quick refresher on some of the key differences in ICD-10 to make sure you continue down the right path.

Take Note of Combination Codes

ICD-10 offers a wider variety of combination codes for many conditions and their commonly associated symptoms and manifestations, said **Sue Bowman, MJ, RHIA, CCS, FAHIMA,** senior director of coding policy and compliance for the **American Health Information Management Association** (AHIMA) in a recent **Centers for Medicare & Medicaid Services** tutorial.

Bonus: Combination codes can reduce the number of codes you need to report an underlying condition and its manifestations. But it's not always easy to "crosswalk" from an ICD-9 code to an ICD-10 combination code. Be sure to continue to reference your coding manual's alphabetic index, and verify your code selections in the tabular list, just as you did with ICD-9.

Understand the Seventh Character

The seventh character in ICD-10 "has a different meaning depending on the section where it is being used," Bowman said. "It must always be used in the seventh character position, and when a seventh character applies, codes that are missing this character are considered invalid."

In some cases, for instance, you may need to use the seventh character in a code to identify the type of encounter (initial, subsequent, or sequelae), Bowman said.

In home health, the original understanding was that seventh character "A" would never be appropriate in home health because these patients had already been seen for treatment in another setting. However, recent developments indicate that home health agencies may need to report an "A" (initial encounter) in the seventh character for some ICD-10 codes. (See Home Health Coding and OASIS Expert, V12N11.)

"There have been issues with some of the latest Coding Clinic interpretation that does not seem to consider home health and hospice programs," says **Judy Adams, RN, BSN, HCS-D, HCS-O, AHIMA Approved ICD-10-CM Trainer with Adams Home Care Consulting** in Asheville, N.C. For example, when the update to the seventh character guidance to use the character "A" for complications first came out, industry experts protested that the guidance conflicted with the home health PPS grouper and would not support payment.

The solution: "In determining which diagnosis codes would be appropriate for an HHA to indicate that the care is for an initial encounter, CMS developed and shared a draft list of codes with [industry stakeholders]," the **Centers for Medicare & Medicaid Services** said 2016 Home Health Prospective Payment System Final Rule. "Agreement was reached between CMS and the cooperating parties and a revised translation list effective January 1, 2016 will be posted on the CMS Web site," CMS said in the rule published in the Nov. 5 Federal Register." At press time, CMS had not yet

posted the list.

Retroactive: "Also effective, January 1, 2016, the Home Health Prospective Payment System Grouper logic will be revised to award points for certain initial encounter codes based upon the revised ICD☐10☐CM coding guidelines for M0090 dates on or after October 1, 2015," CMS adds.

V Codes Change to Z Codes

"ICD-10 eliminates the use of the [therapy] V codes due to the fact that they provide no clinical information about the patient other than the fact that therapy services are being provided," noted **Kris Mastrangelo,** president and CEO of **Harmony Healthcare International** in a recent company blog posting. "ICD-10 requires much more specificity related to the medical condition resulting in the need for the therapy encounter."

And the V code changes don't end there. In ICD-10, you'll use Z codes to report many of the same services and situations you used to indicate with V codes. These codes include "aftercare codes," which identify specific types of continuing care after the initial treatment of an injury or disease.

Beware GEM Shortcomings

While many healthcare industry organizations, including CMS and AHIMA, worked together to develop General Equivalence Mappings (GEMs), these crosswalks aren't a simple solution to translating ICD-9 codes to ICD-10. GEMS were designed to help providers understand how ICD-9 codes relate to the new ICD-10 codes and code categories, and not meant to be one-to-one coding maps.

Downside: "Unfortunately, there are no perfect crosswalks to convert from ICD-9 to ICD-10," Mastrangelo pointed out. "GEMs provide plausible conversions, not equivalent conversions. GEMs do not provide an exact match and in most cases translation may require the selection of the best alternative code from among all plausible coding options."

When you're "forward-mapping" from ICD-9 to ICD-10, expect only about 5 percent of all codes to accurately map one-to-one, according to Mastrangelo.

"Unfortunately, software systems and online coding systems are using the GEMs to assist providers in finding ICD-10 codes leading to errors and unspecified codes which are not correct," 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. "Always access the alphabetic index and check in the tabular list," she advises. "Sometimes those 'mappers' get you to the right neighborhood, but not to the right house."

Resources: Look for more ICD-10 help at www.roadto10.org, the CMS-created website for ICD-10 transition-related training, tools, and information.