

# Home Health Coding and OASIS Expert

## LCDs: Safeguard Your Insulin Injections Claims

**You must have the HbA1c results in the medical record for your diabetic patients.**

You'll have a little legwork to do if you hope to keep reimbursement flowing for your insulin injection patients in light of **Palmetto GBA's** new LCD affecting your patients with diabetes.

**Background:** The Palmetto GBA Local Coverage Determination Home Health Plans of Care: Monitoring Glucose Control in the Medicare Home Health Population with Type II Diabetes Mellitus (L35413) is effective as of December 30, 2014. The LCD states best practices for caring for Type II diabetes including the following requirements:

- Document impairments and activity limitations in the Plan of Care for patients who require a nurse to provide daily insulin injections because they are "either physically or mentally unable to self-inject insulin."
- Document that "there is no other person who is able and willing to inject the beneficiary."
- Include "the monitoring and reporting of not only intermittent capillary blood/serum glucose levels but also quarterly (and no less often than 120 days) HbA1c levels."

Follow this advice from **A.D. Maxim Consulting** to prevent any problems.

1. Identify all patients who have diabetes mellitus. If the patient problem list and care plan include 250.x0 or 250.x2 (Diabetes mellitus type II or unspecified type), you must have the HbA1c results in the medical record.
2. Ensure that your documentation describes a patient who is either physically or mentally unable to self-inject insulin and that she has no other person who is able and willing to inject the insulin for her.
3. Establish a process to ensure that HbA1c testing is performed within the time limits and that all results are included in the medical record. Include the following steps in your process:
  - Ask the physician for the most current HbA1c results upon referral.
  - If the test has not been performed within three months prior to the home health admission, make certain the test is performed at the time of home health admission.
  - If the patient is admitted to the hospital during the episode, follow-up with the hospital to obtain the discharge summary, including HbA1c results.
  - Routinely query to determine if blood tests are done during physician or NPP visits so that you can follow up for results.
4. Educate your referral sources regarding the new requirement. Remember that many physicians are following best practice and performing HbA1c but may not be performing them as frequently.
5. If the physician has ordered additional methods of monitoring glucose control, such as capillary blood sticks performed by the patient or caregiver, ensure that all clinicians (including therapists) include the frequency of self-testing, review the log at every visit, and report results to the physician as ordered.

**Note:** Read more on this LCD from A.D. Maxim here:

[www.admaximconsulting.com/blog/view/alert-palmetto-gba-is-issuing-a-new-local-coverage-determination](http://www.admaximconsulting.com/blog/view/alert-palmetto-gba-is-issuing-a-new-local-coverage-determination).