Home Health Coding and OASIS Expert

OASIS-C1: Get Your Dates Straight for ICD-10 and OASIS-C1/ICD-10

Know which forms and code set to use when for episodes spanning the transition date.

Oct. 1 is the big day. It's the day you'll officially transition from ICD-9 and the OASIS-C1/ICD-9 to ICD-10 and the OASIS-C1/ICD-10. But in home health, you'll need to start coding with ICD-10 even earlier. And you'll need to know which OASIS form to use when an episode spans the Oct. 1 date.

Home health coders will need to start "real" dual coding on starts of episode Aug. 3, 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.

Why? Home health agencies must submit a request for anticipated payment (RAP) at the start of care and an end of episode claim (EOE) at the end of the 60-day episode of care. Patients admitted on Aug. 3 will require a RAP completed with ICD-9 codes. But, because the end of the episode will fall on Oct. 1 or later, the EOE claim must list ICD-10 codes. To keep the billing cycle running smoothly, you'll need to dual code the RAP for all patients admitted on Aug. 3 to Sept. 30, Selman-Holman says.

Get Started As Soon as Possible

Your agency should already be well into the planning stages for the ICD-10 transition. For best results, you should start using ICD-10 codes and the OASIS-C1/ICD-10 internally for practice as early as July, says consultant **Lynda Laff, RN, BSN,** with **Laff Associates** in Hilton Head Island, S.C. As soon as your agency's IT company has tested the coding and OASIS-C1/ICD-10 changes and says they are ready to run dual programs, "I would definitely begin both ICD-10 coding and use of OASIS-C1/ICD-10," Laff says.

Good news: "The changes in ICD-10 make the OASIS much more understandable and I believe will reduce many errors," Laff says.

Know the Impact on Transition Billing

Three factors affect how you'll use ICD-10 on episodes for services that span the Oct. 1 date, says Selman-Holman. These factors are:

- The Outcome and Assessment Information Set (OASIS) assessment completion date (OASIS item M0090 date);
- The claim "From" date (episode start date); and
- The claim "Through" date.

Pick your OASIS: You'll use the OASIS-C1/ICD-9 for M0090 (Date assessment completed) dates through Sept. 30. This assessment form accepts only ICD-9 codes. You'll use the OASIS-C1/ICD-10 for M0090 dates Oct. 1 and later. This assessment form accepts only ICD-10 codes.

Choose your code set: For home health claims (type of bill 032x), you must report ICD-10 codes based on the claim "Through" date, Selman-Holman says.

With Requests for Anticipated Payment (RAPs), Medicare billing instructions require that the "From" and "Through" dates are the same, Selman-Holman says. So, if the episode begins in September 2015, the "From" and "Through" dates on the RAP would report the same date in September. You would report ICD-9 diagnosis codes on these RAPs using codes that

match the OASIS assessment, she says.

On final claims, the HIPPS code must match the HIPPS code that was reported on the RAP, Selman-Holman says. For episodes beginning in September and ending after Oct. 1, the HIPPS code on the RAP is based on the ICD-9 codes matching the OASIS assessment. But the final claim in October 2015 will include ICD-10 codes, she says.

The **Centers for Medicare & Medicaid Services** had originally indicated that home health agencies should use General Equivalence Mappings (GEMs) or other translation tables to derive ICD-10 codes for use on claims for episodes that span Oct. 1, 2015. But a revision to MLN Matters SE1410 removed this instruction.

"This means that any episode that crosses over the Oct. 1, 2015 implementation date will need to be coded in ICD-9 and ICD-10 based on the M0090 date of the OASIS, the 'from' date on the episode and the 'through' date on the episode," Selman-Holman says. Rather than relying on inexact codes that GEMs would provide, "actual coding processes must be used," she says.

Good side: "This does increase the burden to agencies, however it will result in fewer errors and rejections of claims," Selman-Holman says. "...because the GEMs are not complete codes in some cases and include only 7th character 'A,'" Selman-Holman had been concerned that "the MAC systems would not accept the codes and/or HIPPS codes would be affected."

Other Assessments

These same procedures will apply to resumption of care (ROC) assessments (M0100 = 03) and recertification (M0100 = 04) and follow-up (M0100 = 05) assessments when the episode start date and the M0090 date on those assessments are both before Oct. 1, 2015, but the episode ends in Oct. 2015, Selman-Holman says.

Note: Read MLN Matters SE1410 here:
www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1410.pdf.

Clip and Save this CMS Chart

As the countdown to ICD-10 and OASIS-C1/ICD-10 continues, keep this chart from the **Centers for Medicare & Medicaid Services** handy so you'll know which code set and OASIS to complete.

Summary

- If your M0090 and "From" dte are before Oct, 1, use ICD-9 on RAP; ICD-10 on final claim

- For a "From" date in September but M0090 date in October use ICD-10 on OASIS-C1/ICD-10, ICD-9 on RAP, and ICD-10 on final claim.

- For a M0090 date in September but "From" date in October use ICD-9 on the OASIS-C1/ICD-9; and ICD-10 on the RAP and claim.