

HealthWare

Software for Home Health and Hospice Agencies



Welcome to our webinar
**ICD-10 Overview For Home Health & Hospice
Administrators/Leaders**

Or

**Why should you care
About accurate ICD-10 coding?**

Presented by

Beth Noyce, RN, HCS-D, COS-C, BSJMC

Advising board member, AHCC,

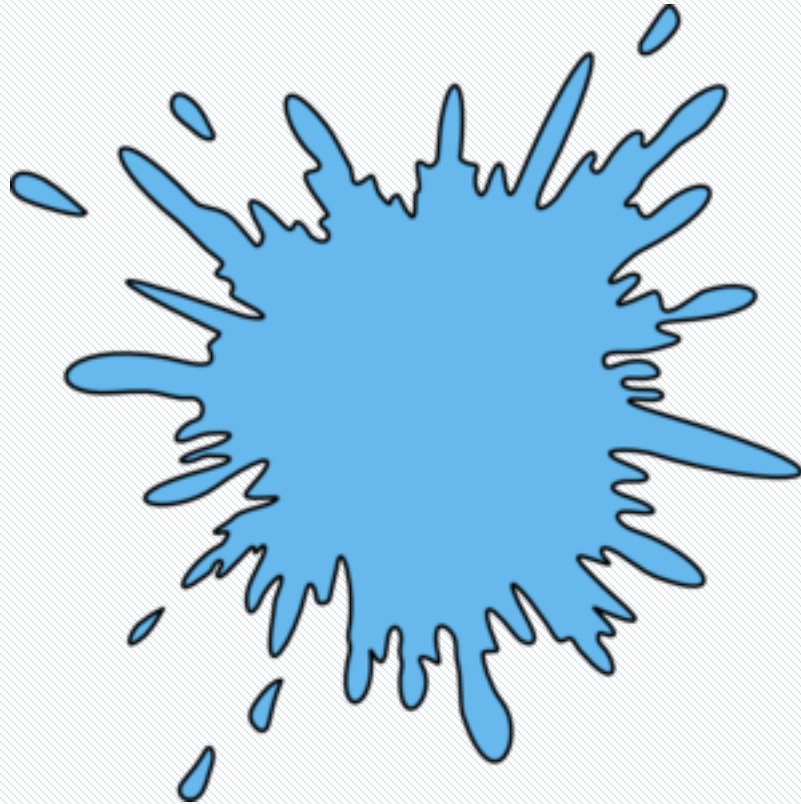
BMSC-Approved ICD-10 Trainer, 2013

**The webinar will begin shortly.
Please mute your microphones**

ICD-10: Friend or Foe?

**ICD-10 Overview For
Home Health & Hospice
Administrators/Leaders
Or
Why should you care
About accurate ICD-10 coding?**

Presented by
Beth Noyce, RN, HCS-D, COS-C, BSJMC
Advising board member, AHCC,
BMSC-Approved ICD-10 Trainer, 2013



ICD-10 IS HERE

ICD-10 Implemented 10.1.2015

- Required on all claims for discharges/service dates on & after 10.1.15.
 - Follow CMS requirements if processing claims that include service dates 9.30.15 or earlier!
 - Claims filed using wrong code set will return to payer without payment.



How does ICD-10 affect your agency?

ICD-10-CM

- Is your agency still adjusting to ICD-10?



How does ICD-10 affect your agency?

- Agency processes
 - Clinical documentation detail
 - Care coordination within the agency
 - Care coordination outside of the agency
 - Communication with physicians
 - Billing
 - Compliance
 - Survey readiness
 - All of the above



How does ICD-10 affect your agency?

- Non-compliant agencies may suffer:
 - Increased claims rejections & denials
 - Delayed authorization processing
 - Delayed claims payment
 - Improper claims payment
 - Cash flow problems
 - Compliance issues
 - Decisions based on inaccurate data
 - All of the above



How does ICD-10 affect your agency?

- Do some operations still adapting?
 - Policies, procedures, & processes
 - Human resources allocation
 - Technology
 - Regulatory compliance
 - Quality Assurance Performance in (QAPI)



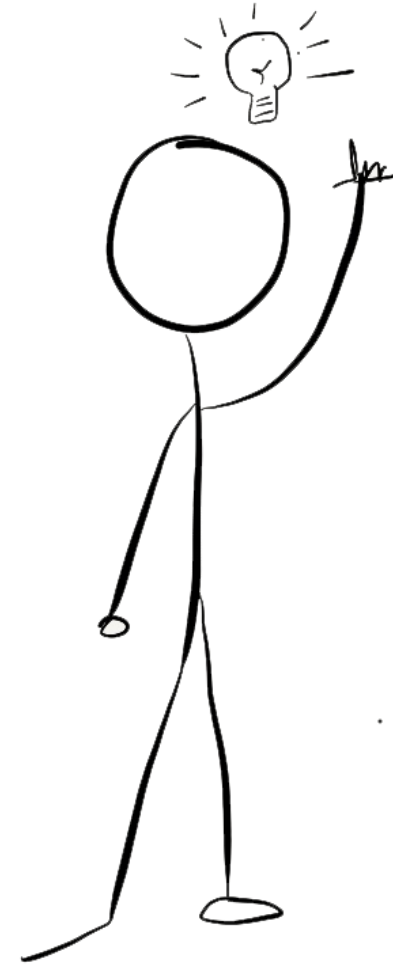
Benefits of accurate ICD-10 use

- Industry/agency advantages
 - Facilitates:
 - Operational & strategic planning
 - Health-care delivery system design
 - Utilizing full electronic health records (EMR) capabilities
 - Improved clinical, financial, & administrative performance



Benefits of accurate ICD-10 use


- CMS:
 - “Health care providers and specialty groups in the United States provided extensive input into the development of ICD-10, which includes more detailed codes for the conditions they treat and reflects advances in medicine and medical technology.”



ICD-10 billing logistics

- **Medicare Claims Processing Guidance for Implementing ICD-10**
 - SE1410 Revised 1 Aug 1 2014 (Home Health Specific)
 - SE1408 Revised 20 Feb 2015 (All ICD-using Health Providers)
 - Direction for home health, hospice, and other healthcare organizations with claims that span the ICD-10 implementation date.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services




REVISÉD product from the Medicare Learning Network® (MLN)
“Medical Privacy of Protected Health Information” Fact Sheet, ICN 006942, downloadable

MLN Matters® Number: SE1410 **Revised** Related Change Request (CR) #: N/A
Related CR Release Date: N/A Effective Date: N/A
Related CR Transmittal #: N/A Implementation Date: N/A

Special Instructions for the International Classification of Diseases, Clinical Modification 10th Edition (ICD-10-CM) Coding on Home Health Episodes that Span October 1, 2015

Note: This article was revised on August 1, 2014, to show the new ICD-10 implementation date of October 1, 2015. All other information is unchanged.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



MLN Matters® Number: SE1408 **Revised** Related Change Request (CR) #: 7492
Related CR Release Date: N/A Effective Date: October 1, 2014
Related CR Transmittal #: N/A Implementation Date: N/A

Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10) – A Re-Issue of MM7492

Note: This article was revised on February 20, 2015, to add a question and answer at the bottom of page 2 regarding dual processing of ICD-9 and ICD-10 codes. All other information remains the same.

ICD-10 billing logistics

- Claims with ICD-9 codes for episodes that ended on or after 10.1.2015 are rejected
 - Even if claim also includes ICD-10 codes;
 - CMS won't process claims bearing both ICD-9 & ICD-10 codes.



OASIS M0090 drives ICD codes

- **SOC/Recertification OASIS Assessments**

- M0090 = 30 Sept 2015 or earlier = ICD-9

- HIPPS code based on OASIS-C1/ICD-9

- M0090 = 1 Oct 2015 or later = ICD-10

- HIPPS code based on OASIS-C1/ICD-10



- **Final Claims for services 1 Oct 2015 or later**

- Require ICD-10 dx codes

- If SOC/Recert M0090 was before 10.1.2015

- Keep RAP HIPPS code from OASIS-C1/ICD-9

Non-PPS Home Health Claims

- **Home Health Outpatient Billing**
 - ICD-10 codes on bills must report code set in place when services were provided
 - 9.30.2015 & before = ICD-9 dx. codes
 - 10.1.2015 & after = ICD-10 dx. codes

**HOME HEALTH
OUTPATIENT BILLING**

Rules for Home Health Claims

32X	Home Health (Inpatient Part B)	Allow HHAs to use the payment group code derived from ICD-9 codes on claims which span 10/1/2015, but require those claims to be submitted using ICD-10 codes.	THROUGH
3X2	Home Health – Request for Anticipated Payment (RAPs)*	* NOTE - RAPs can report either an ICD-9 code or an ICD-10 code based on the one (1) date reported. Since these dates will be equal to each other, there is no requirement needed. The corresponding final claim, however, will need to use an ICD-10 code if the HH episode spans beyond 10/1/2015.	*See Note
34X	Home Health – (Outpatient)	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM

Rules for Hospice Claims

- Bill separately for each month
 - Bill for days 30 Sept. 2015 & before using ICD-9
 - Bill for days 1 Oct. 2015 & after using ICD-10

81X	Hospice- Hospital	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
82X	Hospice – Non hospital	Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.	FROM
83X	Hospice – Hospital Based	N/A	N/A

BASIC ICD-10 CHARACTERISTICS

ICD-9 vs. ICD-10



ICD-9	ICD-10
Little space to expand	Expandable, many new codes
Vague, lacked detail	Specifies Laterality: right, left, bilateral, unspecified
Routinely required multiple codes for common conditions	More combination codes
Incomplete titles common in code descriptions	Describes conditions using complete titles



ICD-9 vs. ICD-10



ICD-9	ICD-10
Non-specificity thwarted data analysis and diagnosis coding accuracy	More specific dx. codes enrich data for analysis and enhance diagnosis coding accuracy
Limited diagnosis definitions impaired medical research	Generous diagnosis definition details for medical research
Impaired health-related work between the United States and other nations	Enhances health-related work between the United States and other nations
Included outdated terminology	Terminology current with medical practices, diagnoses, conditions, etc.

ICD-9 vs. ICD-10



ICD-9 	ICD-10 
14,315 diagnosis codes	69,099 diagnosis codes
3,838 procedure codes	71,957 procedure codes
17 Chapters plus supplemental chapters for V and E codes	21 Chapters – V, W, X, Y, & Z codes in Chapters 20 & 21
E codes = External Causes	V, W, X, Y = External Causes
V codes = Factors Influencing Health Status and Contact with Health Services	Z Codes = Factors Influencing Health Status and Contact with Health Services
Classified injuries by injury type, then site	Groups injuries by specific site and then by injury type

ICD-9 vs. ICD-10 Format

ICD-9

Open wound, nose, uncomplicated, unspecified site

873



Category

2



Sub-
category

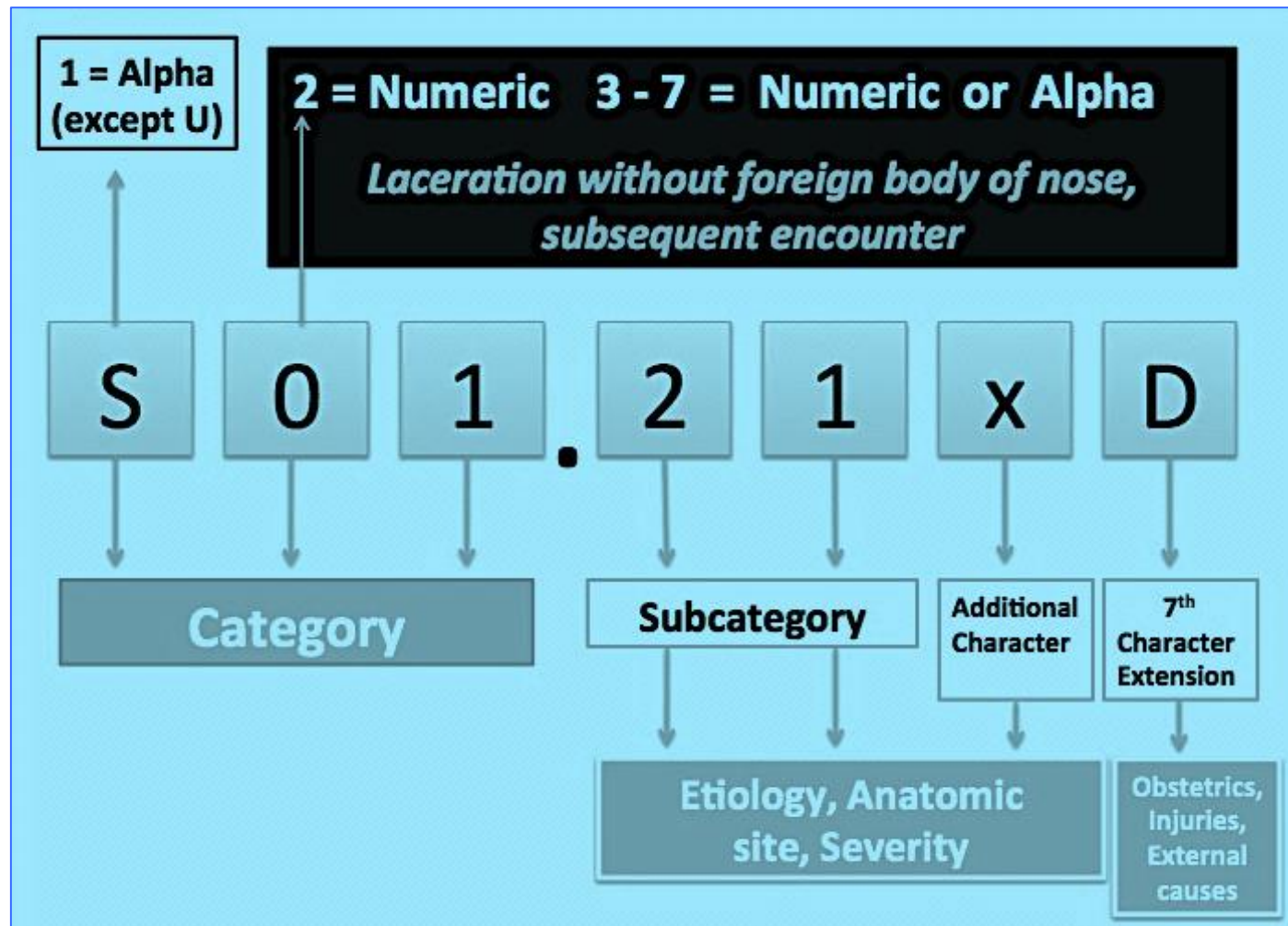
0



Sub-
classification

ICD-9 vs. ICD-10 Format

ICD-10



Specificity

- ICD-10: **28** variations for Crohn's Disease

<u>K50</u> Crohn's disease [regional enteritis]	<u>K50.814</u> Crohn's disease of both small and large intestine with abscess
<u>K50.0</u> Crohn's disease of small intestine	<u>K50.818</u> Crohn's disease of both small and large intestine with other complication
<u>K50.00</u> Crohn's disease of small intestine without complications	<u>K50.819</u> Crohn's disease of both small and large intestine with unspecified complications
<u>K50.01</u> Crohn's disease of small intestine with complications	<u>K50.9</u> Crohn's disease, unspecified
<u>K50.011</u> Crohn's disease of small intestine with rectal bleeding	<u>K50.90</u> Crohn's disease, unspecified, without complications
<u>K50.012</u> Crohn's disease of small intestine with intestinal obstruction	<u>K50.91</u> Crohn's disease, unspecified, with complications
	<u>K50.911</u> Crohn's disease, unspecified, with rectal bleeding
	<u>K50.912</u> Crohn's disease, unspecified, with intestinal obstruction
	<u>K50.913</u> Crohn's disease, unspecified, with fistula
	<u>K50.914</u> Crohn's disease, unspecified, with abscess
	<u>K50.918</u> Crohn's disease, unspecified, with other complication
	<u>K50.919</u> Crohn's disease, unspecified, with unspecified complications

- ICD-9: **3** unspecific Crohn's Disease codes

<u>555.0</u>	Regional enteritis of small intestine
<u>555.1</u>	Regional enteritis of large intestine
<u>555.9</u>	Regional enteritis of unspecified site

Laterality

- Without a bilateral choice, choose both right and left.
- If **unable** to identify side, choose unspecified.
 - Find out & document!

<u>L89.51</u>	Pressure ulcer of right ankle
<u>L89.510</u>	Pressure ulcer of right ankle, unstageable
<u>L89.511</u>	Pressure ulcer of right ankle, stage 1
<u>L89.512</u>	Pressure ulcer of right ankle, stage 2
<u>L89.513</u>	Pressure ulcer of right ankle, stage 3
<u>L89.514</u>	Pressure ulcer of right ankle, stage 4
<u>L89.519</u>	Pressure ulcer of right ankle, unspecified stage
<u>L89.52</u>	Pressure ulcer of left ankle
<u>L89.520</u>	Pressure ulcer of left ankle, unstageable
<u>L89.521</u>	Pressure ulcer of left ankle, stage 1
<u>L89.522</u>	Pressure ulcer of left ankle, stage 2
<u>L89.523</u>	Pressure ulcer of left ankle, stage 3
<u>L89.524</u>	Pressure ulcer of left ankle, stage 4
<u>L89.529</u>	Pressure ulcer of left ankle, unspecified stage

Expanded Codes

E09.52

Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene

F10.180

Alcohol abuse with alcohol-induced anxiety disorder

D78.01

Intraoperative hemorrhage and hematoma of the spleen complicating a procedure on the spleen

D78.21

Postprocedural hemorrhage and hematoma of the spleen following a procedure on the spleen

Combination Codes

Chronic osteomyelitis with fistula of right ankle, due to type 2 DM

- ICD-10

E11.69 Type 2 diabetes mellitus with other specified complication

M86.471 Chronic osteomyelitis with draining sinus, right ankle and foot

- ICD-9

250.83 Diabetes with other specified manifestations, type I [juvenile type], uncontrolled

731.8 Other bone involvement in diseases classified elsewhere

730.07 Acute osteomyelitis, ankle and foot

719.87 Other specified disorders of joint, ankle and foot

Current Language

- ICD-10

L89.114 Pressure ulcer of right upper back, stage 4

L89.124 Pressure ulcer of left upper back, stage 4

- ICD-9

707.02 Decubitus ulcer upper back

707.24 Pressure ulcer stage IV

- Couldn't specify bilateral pressure ulcers at same site.
 - Additional narrative was needed to show both ulcers
 - "Decubitus"? Really?

7th Character

S72.001D

Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healing

- In this example, the letter as 7th character identifies:
 - Fracture type;
 - Whether healing is routine, delayed, nonunion, or malunion
 - Encounter type

7th Character Note (S72)

The appropriate 7th character is to be added to all codes from category S72

A	initial encounter for closed fracture
B	initial encounter for open fracture type I or II / initial encounter for open fracture NOS
C	initial encounter for open fracture type IIIA, IIIB, or IIIC
D	subsequent encounter for closed fracture with routine healing
E	subsequent encounter for open fracture type I or II with routine healing
F	subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
G	subsequent encounter for closed fracture with delayed healing
H	subsequent encounter for open fracture type I or II with delayed healing
J	subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
K	subsequent encounter for closed fracture with nonunion
M	subsequent encounter for open fracture type I or II with nonunion
N	subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
P	subsequent encounter for closed fracture with malunion
Q	subsequent encounter for open fracture type I or II with malunion
R	subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
S	sequela

Placeholder “X”

- In some ICD-10 codes to:
 - Allow for future expansion
 - Fill empty spaces in codes with < 6 characters that require a 7th character
 - Required when it applies.
 - Blank space between code & 7th character = invalid code
 - Upper or lower case OK

T81.4XXD

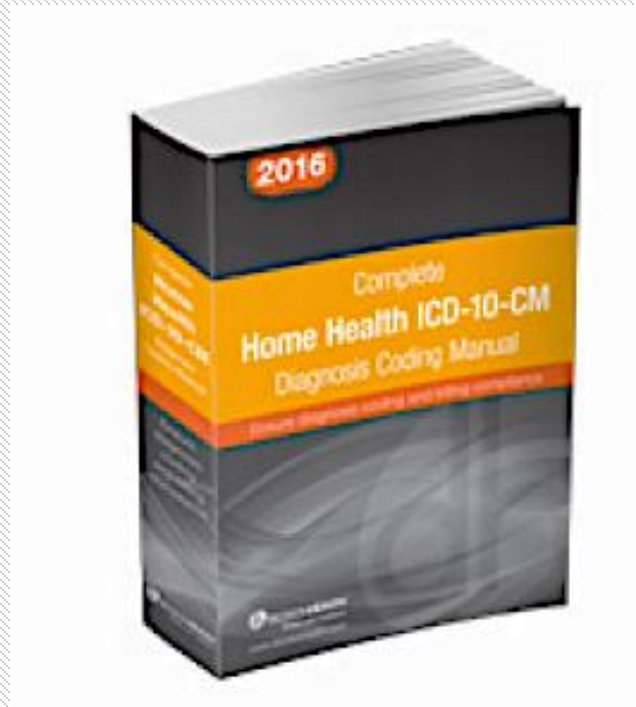
Infection following a procedure, subsequent encounter

S77.11XA

Crushing injury of right thigh, initial encounter

Diagnosis Coding Manual

International Classification of Diseases,
Clinical Modification



Diagnosis Coding Manual

- The ICD-10-CM coding manual
 - Format varies by publisher
 - Changes effective each October 1st
 - **Always use a current manual!**
 - CMS publishes any additional updates:
 - Such as MM9406 for home health:
 - Clarifying 7th character “A” for initial encounter as a case-mix diagnosis code
 - Finalizing CY 2016 market basket update



Diagnosis Coding Manual

- Official Coding Guidelines for Coding and Reporting
- General
- Chapter-specific

**ICD-10-CM Official Guidelines for Coding and Reporting
FY 2016**

Narrative changes appear in bold text

Items underlined have been moved within the guidelines since the FY 2014 version

***Italics* are used to indicate revisions to heading changes**

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government's Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). These guidelines should be used as a companion document to the official version of the ICD-10-CM as published on the NCHS website. The ICD-10-CM is a morbidity classification published by the United States for classifying diagnoses and reason for visits in all health care settings. The ICD-10-CM is based on the ICD-10, the statistical classification of disease published by the World Health Organization (WHO).

These guidelines have been approved by the four organizations that make up the Cooperating

Alphabetical Index (Volume 2)

- Look here first!
- Index of
 - Illnesses
 - Injuries
 - Symptoms
 - Reasons for patient encounter



Neoplasm Table

identifies tumor characteristics



	Malignant			Benign	Uncertain Behavior	Unspecified
	Primary	Secondary	Ca In Situ			
Neoplasm, neoplastic (Show More Info)	C80.1	C79.9	D09.9	D36.9	D48.9	D49.9
— brain NEC	C71.9	C79.31		D33.2	D43.2	D49.6
basal ganglia	C71.0	C79.31		D33.0	D43.0	D49.6
cerebellopontine angle	C71.6	C79.31		D33.1	D43.1	D49.6
cerebellum NOS	C71.6	C79.31		D33.1	D43.1	D49.6
cerebrum	C71.0	C79.31		D33.0	D43.0	D49.6
choroid plexus	C71.7	C79.31		D33.1	D43.1	D49.6
corpus callosum	C71.8	C79.31		D33.2	D43.2	D49.6
corpus striatum	C71.0	C79.31		D33.0	D43.0	D49.6
cortex (cerebral)	C71.0	C79.31		D33.0	D43.0	D49.6
frontal lobe	C71.1	C79.31		D33.0	D43.0	D49.6
globus pallidus	C71.0	C79.31		D33.0	D43.0	D49.6
hippocampus	C71.2	C79.31		D33.0	D43.0	D49.6
hypothalamus	C71.0	C79.31		D33.0	D43.0	D49.6
internal capsule	C71.0	C79.31		D33.0	D43.0	D49.6
medulla oblongata	C71.7	C79.31		D33.1	D43.1	D49.6








Table of Drugs and Chemicals

Substance	Poisoning, Accidental (unintentional)	Poisoning, Intentional self-harm	Poisoning, Assault	Poisoning, Undetermined	Adverse effect	Underdosing
— Alcohol	T51.91	T51.92	T51.93	T51.94		
— absolute	T51.0X1	T51.0X2	T51.0X3	T51.0X4		
beverage	T51.0X1	T51.0X2	T51.0X3	T51.0X4		
allyl	T51.8X1	T51.8X2	T51.8X3	T51.8X4		
amyl	T51.3X1	T51.3X2	T51.3X3	T51.3X4		
antifreeze	T51.1X1	T51.1X2	T51.1X3	T51.1X4		
beverage	T51.0X1	T51.0X2	T51.0X3	T51.0X4		
butyl	T51.3X1	T51.3X2	T51.3X3	T51.3X4		
+ dehydrated	T51.0X1	T51.0X2	T51.0X3	T51.0X4		
denatured	T51.0X1	T51.0X2	T51.0X3	T51.0X4		
deterrent NEC	T50.6X1	T50.6X2	T50.6X3	T50.6X4	T50.6X5	T50.6X6
diagnostic (gastric function)	T50.8X1	T50.8X2	T50.8X3	T50.8X4	T50.8X5	T50.8X6

Identifies intent, poisoning, adverse effect, underdosing

Index to External Causes of Injuries describes how injuries occurred

- Fall, falling (accidental) W19 
- + building W20.1 
- down
 - embankment W17.81 
 - escalator W10.0 
 - hill W17.81 
 - ladder W11 
 - ramp W10.2 
 - stairs, steps W10.9 
- due to
 - bumping against
 - object W18.00 
 - sharp glass W18.02 
 - specified NEC W18.09 
 - sports equipment W18.01 
 - person W03 
 - due to ice or snow W00.0 

- Assault > cutting or piercing instrument X99.9 
- Assault (homicidal) (by) (in) Y09
 - cutting or piercing instrument X99.9 
 - dagger X99.2 
 - glass X99.0 
 - knife X99.1 
 - specified NEC X99.8 
 - sword X99.2 

Tabular List (Volume 1)

- Numerical-order code listing
 - Descriptors classified to:
 - Diseases that affect a specific body system
 - Disease types
 - Etiology of conditions
 - Organized into 21 Chapters
 - By disease type, body system, or origin of condition
 - Alphabetical by code's first character
 - Chapter-specific color tabs

Chapter 1: Certain infectious and parasitic diseases (A00-B99)

Chapter 2: Neoplasms (C00-D49)

Chapter 3: Diseases of the blood and blood-forming organs and certain dis

Chapter 4: Endocrine, nutritional and metabolic diseases (E00-E89)

Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01-F99)

Chapter 6: Diseases of the nervous system (G00-G99)

Chapter 7: Diseases of the eye and adnexa (H00-H59)

Chapter 8: Diseases of the ear and mastoid process (H60-H95)

Chapter 9: Diseases of the circulatory system (I00-I99)

Chapter 10: Diseases of the respiratory system (J00-J99)

Chapter 11: Diseases of the digestive system (K00-K95)

Chapter 12: Diseases of the skin and subcutaneous tissue (L00-L99)

Chapter 13: Diseases of the musculoskeletal system and connective tissue

Chapter 14: Diseases of the genitourinary system (N00-N99)

Chapter 15: Pregnancy, childbirth and the puerperium (O00-O9A)

Chapter 16: Certain conditions originating in the perinatal period (P00-P96)

Chapter 17: Congenital malformations, deformations and chromosomal ab

Chapter 18: Symptoms, signs and abnormal clinical and laboratory findings

Chapter 19: Injury, poisoning and certain other consequences of external c

Chapter 20: External causes of morbidity (V00-Y99)

Chapter 21: Factors influencing health status and contact with health servic

ICD-10 & HOME HEALTH

Identify Primary & Secondary Diagnoses

- Assess patient condition/needs; **1**
- Determine focus of care; **2**
- Verify with physician **3**
 - Primary dx = chief reason for home care services **4**
 - Secondary dx = sequence according to importance related to care plan **5****6**

Physician MUST Verify

§484.18(a) Standard: Plan of Care

“If a physician refers a patient under a plan of care that cannot be completed until after an evaluation visit, the physician is consulted to approve additions or modification to the original plan.”

Support Identified Diagnoses

- Paint a clear picture of your patient's condition through **both**:
 - Diagnosis list
 - Supporting documentation
- Avoid clinical contradictions



Support Identified Diagnoses

- Document only in a clinical summary:
 - Any diagnoses that:
 - Precipitated care, but
 - Are no longer current problems
 - »Such as resolved pneumonia, a fracture or appendicitis



Identifying Primary & Secondary Diagnoses

- A coder may enter the actual numeric ICD-10 codes in Column 2
 - If the assessing clinician has determined & verified the primary & secondary diagnoses in Column 1



(M1021 Primary Diagnosis & (M1023) Other Diagnoses)		(M1025) Optional Diagnoses (OPTIONAL) (not used for payment)	
Column 1	Column 2	Column 3	Column 4
Diagnoses (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided)	ICD-10-C M and symptom control rating for each condition. Note that the sequencing of these ratings may not match the sequencing of the diagnoses	May be completed if a Z-code is assigned to Column 2 and the underlying diagnosis is resolved	Complete only if the Optional Diagnosis is a multiple coding situation (for example: a manifestation code)
Description	ICD-10-C M / Symptom Control Rating	Description/ ICD-10-C M	Description/ ICD-10-C M
(M1021) Primary Diagnosis	V, W, X, Y codes NOT allowed	V, W, X, Y, Z codes NOT allowed	V, W, X, Y, Z codes NOT allowed
a. _____	a. _____ □□□□□□□□	a. _____ (____.____)	a. _____ (____.____)
(M1023) Other Diagnoses	All ICD-10-C M codes allowed	V, W, X, Y, Z codes NOT allowed	V, W, X, Y, Z codes NOT allowed
b. _____	b. _____ □□□□□□□□	b. _____ (____.____)	b. _____ (____.____)
c. _____	c. _____ □□□□□□□□	c. _____ (____.____)	c. _____ (____.____)
d. _____	d. _____ □□□□□□□□	d. _____ (____.____)	d. _____ (____.____)
e. _____	e. _____ □□□□□□□□	e. _____ (____.____)	e. _____ (____.____)
f. _____	f. _____ □□□□□□□□	f. _____ (____.____)	f. _____ (____.____)

M1021/M1023

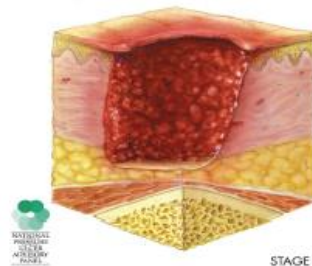
Diagnoses & Symptom Control

- ICD-10 diagnoses must support that services provided are reasonable & necessary to:

- Diagnose or treat an illness or injury;

OR

- Improve function or prevent or slow decline of a malformed body member or function.



M1025 Optional Diagnoses

- If a Z-code in column 2 replaces a **resolved** condition:
 - May complete Columns 3 & 4
 - Will not impact payment
 - Potential risk adjustment
 - Likely captured at M1011/M1017

(M1025) Optional Diagnoses (OPTIONAL) (not used for payment)	
Column 3	Column 4
May be completed if a Z-code is assigned to Column 2 and the underlying diagnosis is resolved	Complete only if the Optional Diagnosis is a multiple coding situation (for example: a manifestation code)
Description/ ICD-10-C M	Description/ ICD-10-C M
V, W, X, Y, Z codes NOT allowed	V, W, X, Y, Z codes NOT allowed
a. _____ (_____ . _____)	a. _____ (_____ . _____)

Effect of ICD-10 Diagnoses In OASIS

- Potentially affect risk adjustment for Home Health Compare
 - Risk adjustment alters outcome scores based on patient risk factors



The screenshot shows the Medicare.gov Home Health Compare website. At the top, the text reads "Medicare.gov | Home Health Compare" with the subtitle "The Official U.S. Government Site for Medicare". Below this is a navigation bar with five buttons: "Home Health Compare Home", "About Home Health Compare", "About the data", "Resources", and "Help". Under the navigation bar, there is a breadcrumb trail "Home" and a "Share" button. At the bottom of the screenshot, there is a prominent yellow banner with the text "Find a home health agency".

Effect of ICD-10 Diagnoses In OASIS

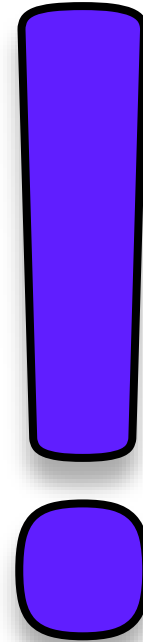
- Case-mix ICD-10 codes
 - Diagnosis Groups
 - Non-Routine Supply Groups



- Add points to case-mix formula that calculates reimbursement to the agency for care provided
 - Home Health Prospective Payment System (PPS)
- **No points for incorrectly used case-mix codes**

Effect of ICD-10 Diagnoses In OASIS

- HH PPS Grouper Software includes:
 - Case-mix codes
 - Diagnosis group tables
 - Case-mix equations
 - NRS case-mix add-on Codes
 - NRS group tables
 - NRS case-mix equations



ICD-10 & HOSPICE

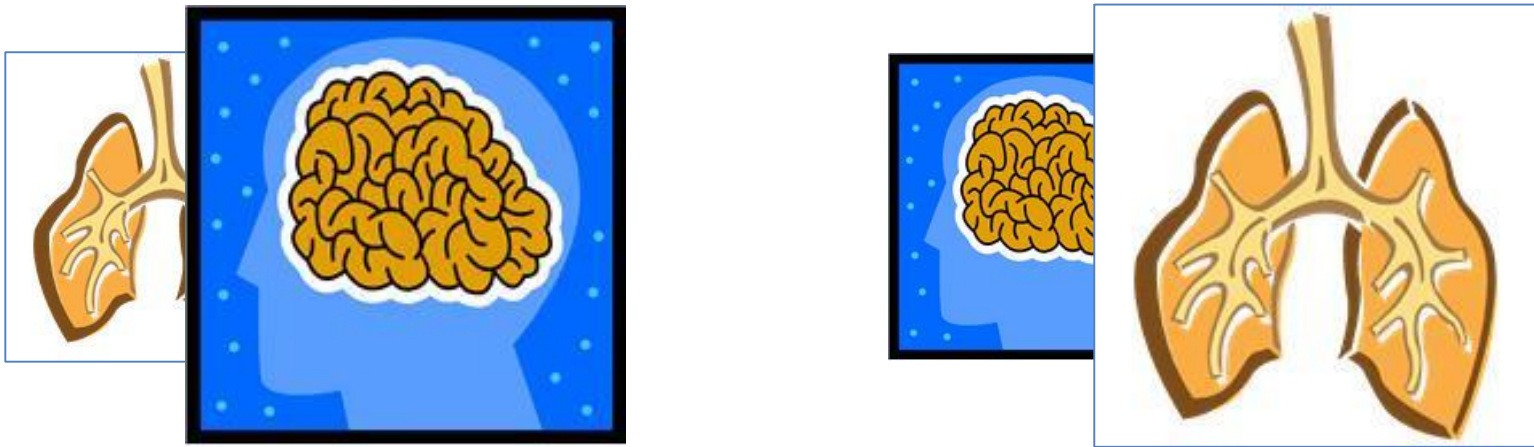
Why hospice coding matters

- Medicare Administrative Contractors (MACs) must:
 - Return to provider (RTP) claims bearing certain principal hospice diagnoses
 - For a more definitive hospice diagnosis, based on ICD-10 diagnosis coding guidelines.
 - Since 10.1.2014



Hospice-Specific Diagnosis Coding

- A terminal illness change requires:
 - Documentation by the physician
 - Changed principal diagnosis on the next CTI
 - No new mid-benefit-period CTI



Hospice-Specific Diagnosis Coding

- CMS:
 - “Certifying physicians have the best clinical experience, competence and judgment to make the determination that an individual is terminally ill.”

However . . .

- Clinical documentation must support life expectancy of 6 months if the physician-identified terminal illness runs its normal course.



=



Hospice-Specific Diagnosis Coding

2016 Hospice Final Rule:

- Hospices must:
 - Include in plan of treatment & all claims:
 - Terminal illness diagnosis;
 - **All coexisting or additional diagnoses:**
 - **Whether or not they contribute to the terminal prognosis of 6 months or less.**



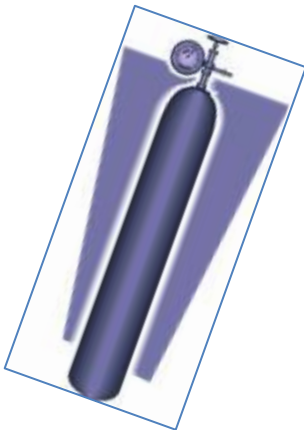
Hospice-Specific Diagnosis Coding

- Hospice data is incomplete without comorbidities.
- Coexisting diagnoses help describe hospice patients
- CMS is actively gathering data
 - Concerned that hospices may not be covering all eligible costs
- 2015 hospice final rule warned:
 - Incomplete data **could negatively impact future hospice reimbursement.**



Hospice-Specific Diagnosis Coding

- Medicare's view:
 - Hospices must provide **virtually all needed care** of terminally ill patients
 - Unless clear evidence documents that a condition is unrelated to terminal **prognosis**
 - Hospice physician must document why any patient-care needs are unrelated to terminal **prognosis**



Never-Primary ICD-10 Diagnoses

- MACs must return to provider (RTP) claims with these as primary
 - CR8877 Attachment A – 3 pages

ICD-10-CM		DESCRIPTION	
F03.90		Unspecified dementia w/o behav. Disturb	
F03.90		Unspecified dementia w/o behav. Disturb	
F03.90		Unspecified dementia w/o behav. Disturb	
F03.90		Unspecified dementia w/o behav. Disturb	
F05		Delirium d/t known physiological condition	
F03.90		Unspecified dementia w/o behav. Disturb	
F03.90		Unspecified dementia w/o behav. Disturb	
F05		Delirium d/t known physiological condition	
F03.90		Unspecified dementia w/o behav. Disturb	
F03.90		Unspecified dementia w/o behav. Disturb	
F05		Delirium d/t known physiological condition	
F01.50		Vascular Dementia w/o behav. Disturb.	
F01.51		Vascular Dementia w/ behav. Disturb.	
F01.51		Vascular Dementia w/ behav. Disturb.	
F01.51		Vascular Dementia w/ behav. Disturb.	
F03.90		Unspecified dementia w/o behav. Disturb	
F03.90		Unspecified dementia w/o behav. Disturb	
F05		Delirium d/t known physiological condition	
F05		Delirium d/t known physiological condition	
F06.2		Psychotic disorder w/ delusions d/t known	

		physiological conditions
F06.0		Psychotic disorder w/ hallucin. d/t known physiological condition
F06.3		Mood disorder d/t know physiological disorder
F06.30		Subcategories of F06.3
F06.31		Subcategories of F06.3
F06.32		Subcategories of F06.3
F06.33		Subcategories of F06.3
F06.34		Subcategories of F06.3
F06.1		Catatonic disorder d/t know physiological condition
F03.90		Unspecified dementia w/o behav. Disturb
F03.91		Unspecified dementia w/ behav. Disturb
F06.0		Psychotic disorder w/ hallucin. d/t known physiological condition
F06.8		Other specified mental disorders due to known physiological condition
F07.0		Personality Change D/T Known Physiological Condition

F07.0		Personality Change D/T Known Physiological Condition
F07.81		Postconcussional Syndrome
F07.89		Other Personality And Behavioral Disorders Due To Known Physiological Condition
F09		Unspecified Mental Disorder Due To Known Physiological Condition

- F02.80 Dementia in conditions classified elsewhere, without behavioral disturbance
- F02.81 Dementia in conditions classified elsewhere with behavioral disturbance
- Caution: Don't switch to other **unspecified** dx codes!

This screen shot shows how HealthWare alerts users when a hospice terminal illness ICD-10 code is not valid as principal diagnosis.

Hospice Assessment - Doe, John (123)

Home Navigation Settings Tools

Modify Quick Save Save and Validate Print Print Preview Collapse All Expand All Lock & Sign Validate Suggest Rule Uncompleted Not Reviewed Unlocked

Main Options Form Status

Clinical Asst

Clinical Asst Key

(J0900A) Was the patient screened for pain on this assessment date was answered No. The HIS information set sections J0900B-D, J0910A-C will not be provided answers from this assessment. Subsequent assessment will be used if possible for the data collection period, if the patient was not screened for SOB, then HIS records will indicate no answers available.

(J2030) Was the patient screened for SOB was answered No. The HIS information set sections J2030B, J2030C, and J2040A-C will not be provided answers from this assessment. Subsequent assessments will be used if possible for the data collection period, if the patient was not screened for SOB, then HIS records will indicate no answers available.

Dx in primary diagnosis field is not valid for a primary diagnosis.

Primary Diagnosis: Vascular dementia without behavioral disturbance ICD: F01.50 Exacerbation Onset

Enter Date: 1/22/2016 15

(POT-13) Other Diagnosis: ICD: Exacerbation Onset Enter Date: Select a date 15

(POT-13) Other Diagnosis: ICD: Exacerbation Onset Enter Date: Select a date 15

(POT-13) Other Diagnosis: ICD: Exacerbation Onset Enter Date: Select a date 15

(POT-13) Other Diagnosis: ICD: Exacerbation Onset Enter Date: Select a date 15

DNR: Sent to Dr. for signature. Left with Pt/Pcg for review Other: Dually Certified

Advanced Directives given from admission packet:

DME Company Notified of admission Patient Supplies (POT-14)

Patient Signature Employee Signature

References

- International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10- CM) 2016
- DecisionHealth ICD-10-CM Diagnosis Coding Manual 2016
- DecisionHealth Home Health Coding Center
- SE1410 Revised 1 Aug 2014 (Home Health Specific)
- SE1408 Revised 20 Feb 2015 (All ICD-using Health Providers)
- OASIS-C1/ICD-10 Guidance Manual
- Home Care and Hospice COPs
- 2015 & 2016 Hospice Final Rules
- Medicare Benefit Policy Manual
 - Chapter 07, Home Health, updated 05.15
 - Chapter 09, Hospice, updated 05.15
- CMS Change Request # 8877, and Attachment A
- Pub 100-04 Medicare Claims Processing, Transmittal 3032

Thank You!

beth@noyceconsulting.com

www.noyceconsulting.com

© 2015 Beth Noyce, RN, BSJMC,
BMSC-Certified ICD-10 Diagnosis Trainer
HCS-D, COS-C, AHCC advising board member