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?

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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?

- 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

X 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 Improvement (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.
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
# Rules for Home Health Claims

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>32X</td>
<td>Home Health (Inpatient Part B)</td>
<td>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.</td>
<td>THROUGH</td>
</tr>
<tr>
<td>3X2</td>
<td>Home Health – Request for Anticipated Payment (RAPs)*</td>
<td>* 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.</td>
<td>*See Note</td>
</tr>
<tr>
<td>34X</td>
<td>Home Health – (Outpatient)</td>
<td>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.</td>
<td>FROM</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Code</th>
<th>Type</th>
<th>Requirement</th>
<th>FROM</th>
</tr>
</thead>
<tbody>
<tr>
<td>81X</td>
<td>Hospice - Hospital</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>82X</td>
<td>Hospice – Non hospital</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>83X</td>
<td>Hospice – Hospital Based</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
BASIC ICD-10 CHARACTERISTICS
## ICD-9 vs. ICD-10

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little space to expand</td>
<td>Expandable, many new codes</td>
</tr>
<tr>
<td>Vague, lacked detail</td>
<td>Specifies Laterality: right, left, bilateral, unspecified</td>
</tr>
<tr>
<td>Routinely required multiple codes for common conditions</td>
<td>More combination codes</td>
</tr>
<tr>
<td>Incomplete titles common in code descriptions</td>
<td>Describes conditions using complete titles</td>
</tr>
</tbody>
</table>
## ICD-9 vs. ICD-10

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-specificity thwarted data analysis and diagnosis coding accuracy</td>
<td>More specific dx. codes enrich data for analysis and enhance diagnosis coding accuracy</td>
</tr>
<tr>
<td>Limited diagnosis definitions impaired medical research</td>
<td>Generous diagnosis definition details for medical research</td>
</tr>
<tr>
<td>Impaired health-related work between the United States and other nations</td>
<td>Enhances health-related work between the United States and other nations</td>
</tr>
<tr>
<td>Included outdated terminology</td>
<td>Terminology current with medical practices, diagnoses, conditions, etc.</td>
</tr>
<tr>
<td>ICD-9</td>
<td>ICD-10</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>14,315 diagnosis codes</td>
<td>69,099 diagnosis codes</td>
</tr>
<tr>
<td>3,838 procedure codes</td>
<td>71,957 procedure codes</td>
</tr>
<tr>
<td>17 Chapters plus supplemental chapters for V and E codes</td>
<td>21 Chapters – V, W, X, Y, &amp; Z codes in Chapters 20 &amp; 21</td>
</tr>
<tr>
<td>E codes = External Causes</td>
<td>V, W, X, Y = External Causes</td>
</tr>
<tr>
<td>V codes = Factors Influencing Health Status and Contact with Health Services</td>
<td>Z Codes = Factors Influencing Health Status and Contact with Health Services</td>
</tr>
<tr>
<td>Classified injuries by injury type, then site</td>
<td>Groups injuries by specific site and then by injury type</td>
</tr>
</tbody>
</table>
ICD-9 vs. ICD-10 Format

ICD-9

Open wound, nose, uncomplicated, unspecified site

Category: 873
Sub-category: 2
Sub-classification: 0
ICD-9 vs. ICD-10 Format

ICD-10

![Diagram of ICD-10 format]

- **Category**: S
- **Subcategory**: 01
- **Additional Character**: 21
- **7th Character Extension**: X
- **Etiology, Anatomic Site, Severity**: D

*Laceration without foreign body of nose, subsequent encounter*
Specificity

- ICD-10: 28 variations for Crohn’s Disease
- ICD-9: 3 unspecific Crohn’s Disease codes
Laterality

• Without a bilateral choice, choose both right and left.
• If unable to identify side, choose unspecified.
  – Find out & document!
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?
In this example, the letter as 7th character identifies:
- Fracture type;
- Whether healing is routine, delayed, nonunion, or malunion
- Encounter type
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
Diagnosis Coding Manual

International Classification of Diseases, Clinical Modification
The ICD-10-CM coding manual
- Format varies by publisher
- Changes effective each October 1\textsuperscript{st}
  - \textbf{Always use a current manual!}
- CMS publishes any additional updates:
  - Such as MM9406 for home health:
    - Clarifying 7\textsuperscript{th} 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

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic (Show More Info)</th>
<th>Malignant</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary</td>
<td>Secondary</td>
<td>Ca In Situ</td>
<td>Benign</td>
<td>Uncertain Behavior</td>
</tr>
<tr>
<td>Neoplasm, neoplastic (Show More Info)</td>
<td>C80.1</td>
<td>C79.9</td>
<td>D09.9</td>
<td>D36.9</td>
<td>D48.9</td>
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<tr>
<td>— brain NEC</td>
<td>C71.9</td>
<td>C79.31</td>
<td></td>
<td>D33.2</td>
<td>D43.2</td>
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<tr>
<td>basal ganglia</td>
<td>C71.0</td>
<td>C79.31</td>
<td></td>
<td>D33.0</td>
<td>D43.0</td>
</tr>
<tr>
<td>cerebellopontine angle</td>
<td>C71.6</td>
<td>C79.31</td>
<td></td>
<td>D33.1</td>
<td>D43.1</td>
</tr>
<tr>
<td>cerebellum NOS</td>
<td>C71.6</td>
<td>C79.31</td>
<td></td>
<td>D33.1</td>
<td>D43.1</td>
</tr>
<tr>
<td>cerebrum</td>
<td>C71.0</td>
<td>C79.31</td>
<td></td>
<td>D33.0</td>
<td>D43.0</td>
</tr>
<tr>
<td>choroid plexus</td>
<td>C71.7</td>
<td>C79.31</td>
<td></td>
<td>D33.1</td>
<td>D43.1</td>
</tr>
<tr>
<td>corpus callosum</td>
<td>C71.8</td>
<td>C79.31</td>
<td></td>
<td>D33.2</td>
<td>D43.2</td>
</tr>
<tr>
<td>corpus striatum</td>
<td>C71.0</td>
<td>C79.31</td>
<td></td>
<td>D33.0</td>
<td>D43.0</td>
</tr>
<tr>
<td>cortex (cerebral)</td>
<td>C71.0</td>
<td>C79.31</td>
<td></td>
<td>D33.0</td>
<td>D43.0</td>
</tr>
<tr>
<td>frontal lobe</td>
<td>C71.1</td>
<td>C79.31</td>
<td></td>
<td>D33.0</td>
<td>D43.0</td>
</tr>
<tr>
<td>globus pallidus</td>
<td>C71.0</td>
<td>C79.31</td>
<td></td>
<td>D33.0</td>
<td>D43.0</td>
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<tr>
<td>hippocampus</td>
<td>C71.2</td>
<td>C79.31</td>
<td></td>
<td>D33.0</td>
<td>D43.0</td>
</tr>
<tr>
<td>hypothalamus</td>
<td>C71.0</td>
<td>C79.31</td>
<td></td>
<td>D33.0</td>
<td>D43.0</td>
</tr>
<tr>
<td>internal capsule</td>
<td>C71.0</td>
<td>C79.31</td>
<td></td>
<td>D33.0</td>
<td>D43.0</td>
</tr>
<tr>
<td>medulla oblongata</td>
<td>C71.7</td>
<td>C79.31</td>
<td></td>
<td>D33.1</td>
<td>D43.1</td>
</tr>
</tbody>
</table>
# Table of Drugs and Chemicals

<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning, Accidental (unintentional)</th>
<th>Poisoning, Intentional self-harm</th>
<th>Poisoning, Assault</th>
<th>Poisoning, Undetermined</th>
<th>Adverse effect</th>
<th>Underdosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>T51.91 7</td>
<td>T51.92 7</td>
<td>T51.93 7</td>
<td>T51.94 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>absolute</td>
<td>T51.0X1 7</td>
<td>T51.0X2 7</td>
<td>T51.0X3 7</td>
<td>T51.0X4 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>beverage</td>
<td>T51.0X1 7</td>
<td>T51.0X2 7</td>
<td>T51.0X3 7</td>
<td>T51.0X4 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>allyl</td>
<td>T51.8X1 7</td>
<td>T51.8X2 7</td>
<td>T51.8X3 7</td>
<td>T51.8X4 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amyl</td>
<td>T51.3X1 7</td>
<td>T51.3X2 7</td>
<td>T51.3X3 7</td>
<td>T51.3X4 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>antifreeze</td>
<td>T51.1X1 7</td>
<td>T51.1X2 7</td>
<td>T51.1X3 7</td>
<td>T51.1X4 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>beverage</td>
<td>T51.0X1 7</td>
<td>T51.0X2 7</td>
<td>T51.0X3 7</td>
<td>T51.0X4 7</td>
<td></td>
<td></td>
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<tr>
<td>butyl</td>
<td>T51.3X1 7</td>
<td>T51.3X2 7</td>
<td>T51.3X3 7</td>
<td>T51.3X4 7</td>
<td></td>
<td></td>
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<tr>
<td>dehydrated</td>
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<td>T51.0X2 7</td>
<td>T51.0X3 7</td>
<td>T51.0X4 7</td>
<td></td>
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<td>denatured</td>
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<td>T51.0X2 7</td>
<td>T51.0X3 7</td>
<td>T51.0X4 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>deterrent NEC</td>
<td>T50.6X1 7</td>
<td>T50.6X2 7</td>
<td>T50.6X3 7</td>
<td>T50.6X4 7</td>
<td>T50.6X5 7</td>
<td>T50.6X6 7</td>
</tr>
<tr>
<td>diagnostic (gastric function)</td>
<td>T50.8X1 7</td>
<td>T50.8X2 7</td>
<td>T50.8X3 7</td>
<td>T50.8X4 7</td>
<td>T50.8X5 7</td>
<td>T50.8X6 7</td>
</tr>
</tbody>
</table>

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 i
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
Identify Primary & Secondary Diagnoses

• Assess patient condition/needs;
• Determine focus of care;
• Verify with physician
  – Primary dx = chief reason for home care services
  – Secondary dx = sequence according to importance related to care plan
§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
<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
</table>
| **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** | | | |
| a. | V, W, X, Y codes **NOT allowed** | V, W, X, Y, Z codes **NOT allowed** | V, W, X, Y, Z codes **NOT allowed** |
| b. | All ICD-10-C M codes allowed | V, W, X, Y, Z codes **NOT allowed** | V, W, X, Y, Z codes **NOT allowed** |
| c. | | | |
| d. | | | |
| e. | | | |
| f. | | | |
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
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
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

- 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.
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!

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