ICD-10-CM Diagnosis Coding for Home Health
April 21, 2016

Questions and Answers

1. **Is Parkinson’s a payable diagnosis for Home Health Care?**

   Reimbursement and coverage criteria, particularly for a specific diagnosis, are outside the scope of this webinar presentation. Since coverage policies vary by payer, it is essential to contact individual payers to verify coverage criteria and reimbursement for home health services.

2. **So as long as the patient is receiving antibiotics, you code with the A? i.e. multiple appointments**

   For home health services, the 7th character "A" for initial encounter is used as long as the HHA is providing active treatment for the condition described by the code. Because diagnoses may change during the course of the home health episode of care (e.g., due to a change in the patient’s health status or a change in the focus of home health care), the clinician must assess the patient’s clinical status at each required OASIS time point, and determine the primary and secondary diagnoses based on patient status and treatment plan at the time of the assessment.

3. **What type of typical documentation does Home Health receive from the referring provider? Is this the documentation that is used to report the diagnoses that will be treated?**

   The HHA must obtain a physician’s written or verbal order for home health services, prior to initiating or providing home health services. The Medicare Benefit Policy Manual (CMS Pub. 100-02) details the physician certification requirements, the content of the Plan of Care, and the Specificity of Orders for home health services. The OASIS Guidance Manual describes potential sources of information that should be accessed during the assessment to determine the most accurate response to each OASIS item.

   Overall, the clinical documentation from the assessing clinician and the certifying physician must specify which diagnoses are the focus of the care, and is the basis for coding. The determination of the patient’s primary and secondary home health diagnoses must be made by the assessing clinician based on the findings of the assessment, information in the medical record, and input from the physician.

4. **As an educator, I always remind my students to go to the tabular before assigning a code. I did not hear the presenter remind individuals to do this. Am I missing something with is in regard to home care coding or was this a given with proper coding practice?**

   Please review the webinar recording as the direction to "verify the code in the tabular list" was indeed stated. Also, the correct, valid codes for the examples could not be assigned from the Index alone without referencing the tabular list.

5. **Would you use two Z codes? Such as Aftercre code for GI surgery AND the Z code for colostomy status... Would you use both? Or just one or the other and if so, which?**
You can use Status Z codes with Aftercare Z codes to specify the nature of the aftercare, unless the aftercare code itself indicates the type of status. Unless otherwise directed by the classification, aftercare codes may be used with other aftercare codes or diagnosis codes to provide better detail on the specifics of an aftercare encounter visit.

For example code Z93.3, Colostomy status, may be used with code Z48.815, Encounter for surgical aftercare following surgery on the digestive system, to indicate the surgery for which the aftercare is being performed. However, code Z43.3, Encounter for attention to colostomy, would be assigned rather than Z93.3 when the home health services include colostomy teaching, cleansing, and toilet care. There is also an Excludes1 note present at category Z43 excluding the artificial opening status codes.

6. What about history of falls? Should the codes be used then?

Yes, in fact, history of falling was specifically referenced in the discussion of Status and History Z codes used in home health (for example, to identify a history of falling). Code Z91.81, History of falling, is for use when a patient has fallen in the past and is at risk for future falls.

7. Can Z codes only be reported on an Oasis claim- or must there be codes other than Z codes added to an oasis claim?

The Outcome and Assessment Information Set (OASIS) data items measure a home health patient's health status, risk factors, and outcomes. HHAs submit claims for services on the CMS-1450 (UB-04) claim form.

The OASIS captures each diagnosis for which the patient is receiving home care (diagnosis codes only - no surgical or procedure codes allowed). In addition, the OASIS captures diagnoses actively treated during a preceding inpatient stay and diagnoses requiring medical or treatment regimen change. Note that external cause codes (ICD-10-CM codes beginning with V, W, X, or Y) may not be reported in OASIS item M1021 (Primary Diagnosis) but may be reported in M1023 (Secondary Diagnoses). Also, when a Z-code is reported, the code for the underlying condition can be reported as long as it is an active on-going condition impacting home health care.

8. Do you code Infection and Aftercare?

The aftercare Z codes are not used when treatment is directed at a current, acute disease. For example, code T84.51XA, Infection and inflammatory reaction due to internal right hip prosthesis, initial encounter, would be assigned for a home health patient receiving continued treatment for an infected hip joint prosthesis. An aftercare code may be used as an additional code when some type of aftercare is provided in addition to the reason for the admission.

HHAs report each diagnosis for which the patient is receiving home care, in the order that best reflects the seriousness of each condition and the disciplines and services provided. In the example, the physician ordered home health services for aftercare following a joint replacement and for continued treatment of the infected surgical wound (not an infected joint prosthesis). When more than one diagnosis is treated concurrently, HHAs report the diagnosis that represents the most acute condition, requiring the most intensive services, as the Primary Diagnosis (in this case the surgical wound infection). The orthopedic aftercare code is reported as an additional code.
9. But are they just monitoring for infection NOT monitoring an actual doc infection?

This question is unclear. However, in one of the case examples, the home health skilled nursing services were ordered for surgical wound management which included dressing changes and monitoring for signs of infection. The aftercare code was the primary diagnosis in this case, followed by codes for the neoplasm, wound care, and pertinent personal history codes, no infection code was assigned in the example as no infection was present.

10. How would you code a patient that had a partial joint replacement due to fx of the hip? Would you use the Z47.1 aftercare for the joint replacement or use the fx code? The partial joint replacement took care of the fx however under the coding tip for Z47.1 it indicates not to use for surgery for injuries.

ICD-10-CM does not have aftercare codes for healing traumatic fractures (injury). The fracture code is used with the appropriate seventh character (e.g., character D for subsequent care), not the aftercare code.

In general, if the patient has a hip-joint prosthesis, the aftercare code should be used instead of a fracture code with the 7th character indicating subsequent care. The original hip fracture is not coded in this case because the fracture is resolved and the joint replacement is the focus of care. When a patient is admitted for surgical aftercare, only report the relevant medical diagnosis if it is still applicable. An additional, informative status code (such as Z96.642, Presence of left artificial hip joint) may also be assigned to indicate the nature of the aftercare.

11. Z45.2, Z79.02 wouldn’t that also be coded?

This question is unclear and the webinar presentation did not reference an encounter involving adjustment and management of a vascular access device or long term use of antithrombotics/ antiplatelets…?

Category Z79 codes report continuous use of a prescribed drug for long-term treatment or prophylactic use and are not used for medication administered for a brief period of time to treat an acute illness (such as a course of antibiotics to treat an acute condition).

12. Should the staging and ulcer documentation be documented in each progress note?

Assessment and documentation of wounds (e.g., pressure ulcers, venous stasis ulcers, and surgical wounds) is required for each OASIS assessment. The OASIS captures home care agencies’ assessment of ulcers and HHAs are required to screen patients for risk of developing pressure ulcers.

13. Why would the malignant breast cancer be coded as a history?

The case example stated, "A patient with a personal history of a malignant neoplasm of the right breast underwent a partial lobectomy for a metastasis to the right lung."

When a primary malignancy has been previously eradicated, there is no further treatment (of the malignancy) directed to that site, and there is no evidence of any existing primary malignancy, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy. A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered. Personal history codes explain a patient’s past medical condition that no longer exists and is not

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14. **That was for the infection for if the infection at the incision site of joint replacement.**

The question is unclear. For complication codes, active treatment refers to treatment for the condition described by the code (for example, T84.50XA, Infection and inflammatory reaction due to unspecified internal joint prosthesis, initial encounter).

15. **When coding for aftercare of surgery for treatment of neoplasm, is it also appropriate to assign a z code for the body system? For example the patient had a lobectomy-z48.3 +z488.13**

The Excludes1 Note for subcategory Z48.81 - lists aftercare following surgery for neoplasm (Z48.3) indicating that code should never be used at the same time as the Z48.81 - code.

16. **Per coding guidelines wouldn’t you just use the infection code?**

HHAs report each diagnosis for which the patient is receiving home care. In the example, the physician ordered home health services for orthopedic aftercare and for treatment of an infected surgical wound (not an infected joint prosthesis). For complication codes, active treatment refers to treatment for the condition described by the code (for example, T84.50XA, Infection and inflammatory reaction due to unspecified internal joint prosthesis, initial encounter). An aftercare code may be used as an additional code when some type of aftercare is provided in addition to the reason for the admission.

17. **How would you code a PT Only case when the referral is basically for weakness and falls not related to a recent hospitalization or acute diagnosis?**

The assessing clinician and the certifying physician must specify the focus of the care—for example, is the physical therapy for gait evaluation/training, for strengthening, or for fall risk assessment?

Code R29.6, Repeated falls, is used for encounters when a patient has recently fallen and the reason for the fall is being investigated. Code Z91.81, History of falling, is for use when a patient has fallen in the past and is at risk for future falls. When appropriate, both codes R29.6 and Z91.81 may be assigned together.

Code Z51.89, Encounter for other specified aftercare may be assigned for the reason for the home health services (physical therapy); however an additional code for the condition requiring care is also assigned.

18. **In ICD-9 we did not code both a complication code and an aftercare code together. We only coded the complication. Has that change in ICD-10? Do we code both as demonstrated in one of your examples?**

HHAs report each diagnosis for which the patient is receiving home care. In the example, the physician ordered home health services for orthopedic aftercare and for treatment of the infected surgical wound (not the joint prosthesis). An aftercare code may be used as an additional code when some type of aftercare is provided in addition to the reason for the admission.

It is important to note that not all conditions that occur following surgery are classified as complications. There must be a cause-and-effect relationship and an indication that it is a complication in the documentation.

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19. With regards to behavioral/mental health, how is it coded in Home Health setting?

HHA clinicians and coders must comply with the ICD-10-CM Official Guidelines for Coding and Reporting when assigning primary and secondary diagnoses to the OASIS items.

20. The last coding example incorrect? You said the 7th ch on 1st code should be A, correct? 2nd code is Aftercare & shouldn't be coded with a complication?

Yes, the correct primary diagnosis for that case example is T81.4XXA, Infection following a procedure, initial encounter. The error on the slide was noted during the webinar and the presentation slides were subsequently corrected.

HHAs report each diagnosis for which the patient is receiving home care, listed in order of seriousness of each condition and the skilled services provided. In the example, the home health skilled services are providing orthopedic aftercare and continued treatment of the infection of the surgical incision site (not the joint prosthesis). When more than one diagnosis is treated concurrently, the diagnosis that represents the most acute condition, requiring the most intensive services, is reported as the Primary Diagnosis (in this case the surgical wound infection). An aftercare code may be used as an additional code when some type of aftercare is provided in addition to the reason for the admission.

It is important to note that not all conditions that occur during or following medical care or surgery are classified as complications. There must be a cause-and-effect relationship and an indication in the documentation that it is a complication.

21. What is the answer to the Home Health Coding Practice - Aftercare - Case 1

S72.141D, Displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing. In ICD-10-CM, it is incorrect to assign aftercare Z codes for aftercare for traumatic fractures.

22. If there is a "use additional code" specified, is there a requirement on where the additional code falls in the diagnosis list? For etiology/manifestation it must be next but for any others, can the additional code be further down in the dx list?

ICD-10-CM sequencing requirements must be followed if multiple coding is indicated for any diagnoses; however, there is no strict hierarchy in the guidelines regarding the sequencing of secondary diagnosis codes. It is not required that the code identified in a “use additional code” note is reported in the diagnosis field immediately following the primary code. For home health services, the order that secondary diagnoses are listed is based on the degree of impact on the patient’s condition and need for home health services. Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided.

23. If the patient has a rectal abscess, and is seen by Dr. and the Dr. does an I&D. Now the patient comes back for a recheck of abscess. Is this coded as an abscess or aftercare?

Please note that this webinar presentation covered ICD-10-CM coding in the Home Health setting and not physician office coding. However, the aftercare Z code is not used when treatment is directed at a current condition (i.e., the rectal abscess); the diagnosis code is to be used in these cases.

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It is important to note that follow-up, aftercare, and subsequent care are distinct encounters. If the patient is being seen for follow-up after completed treatment for the condition, and the condition no longer exists, a follow-up code should be used. Personal history codes may be used with follow-up codes. If a condition still exists or is treated on the follow-up visit, then the diagnosis code for the condition should be assigned. Aftercare codes cover situations when the initial treatment of a disease has been performed and the patient requires care during the healing or recovery, or for the long-term consequences of the disease.

24. I was taught that if there is an infection that you do not use aftercare codes but in the example both the infection after a procedure and the aftercare codes were used? Is this not true for ICD10?

An aftercare code may be used as an additional code when some type of aftercare is provided in addition to the reason for the admission.

In the example, the physician ordered home health skilled services for orthopedic aftercare following a joint replacement and for continued treatment of an infected surgical wound (not the joint prosthesis). HHAs report each diagnosis for which the patient is receiving home health services, listed in the order that best reflects the seriousness of each condition and supports the home care services provided. When more than one diagnosis is treated concurrently, the diagnosis that represents the most acute condition requiring the most intensive services, is reported as the primary home health diagnosis (in this case the surgical wound infection).

25. Thanks for lots of useful guidance. Will you be having a session for Pediatric Rehab in the near future?

Thank you! We have a free webinar (with CE) scheduled in October on ICD-10-CM Diagnosis Coding for Inpatient Rehab Facilities. Information on our free webinars is available at: http://icd-10online.com/webinars/

26. Is there a webinar on the new hcps codes for 2016?

We have free webinars (with CE) scheduled in December on the 2017 CPT® Update and the 2017 Outpatient Prospective Payment System Update. Information on our free webinars is available at: http://icd-10online.com/webinars/

27. Is there a charge for EduCode?

We provide many resources free of charge, such as these monthly webinars with CE credit. Information on our comprehensive eLearning curricula and other resources is available at http://icd-10online.com/

28. How does a coder find a job for coding home health care?

Coders find jobs in home health just as in any other setting—network and search national job sites, employer career postings (e.g., HHAs, health systems, facilities, organizations providing home health services), medical specialty societies, associations, and credentialing organizations.

29. What type of coding certification is needed in order to code for home health?

There are currently no federal regulations requiring coding certification in the home health setting. However, the OIG recommends providers and hospitals use certified coders. Although there is no mandate, Medicare

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does require coding certification for certain positions, and most employers require applicants for coding positions have both coding certification and experience.

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