

Complete Home Health ICD-9-CM Diagnosis Coding Manual, 2013

Dear Customer,

Thank you for purchasing the **2013 Complete Home Health ICD-9-CM Diagnosis Coding Manual**. We are sending you this document so that you can update your 2013 ICD-9 Manual. **Note:** The changes below already have been made to the ICD-9 Interactive for Home Health Diagnosis Coding website, unless otherwise noted. If you are not a subscriber to the website and would like more information, please visit <http://codingcenter.decisionhealth.com/>.

CMS released the following updates after the Manual was published:

- CMS added case-mix and non-routine supply (NRS) status to the 173.xx codes (Other and unspecified malignant neoplasm of skin) **retroactive** to Oct. 1, 2011. This was announced on Nov. 28, 2012, as part of CMS's release of its 2013 Grouper, or payment logic.
- When working with the scenarios in the 2013 ICD-9 Manual please take note of the new restrictions to M1024 that CMS announced on Nov. 2, 2012, as part of its final home health PPS rule. These restrictions take effect on Jan. 1, 2013. The new M1024 rules restrict the scoring of codes reported in the M1024 payment slot to fracture diagnoses codes only. When fracture aftercare V codes are reported as primary (M1020) or secondary (M1022) diagnoses, and paired with an eligible (numerical) fracture code in M1024, the Grouper will award clinical points. CMS provided a list of valid fracture conditions paired with appropriate V codes in Table 25 of the final PPS rule. Also, the Grouper will permit current case-mix codes from the diabetes, skin 1 and neuro 1 case-mix categories to act "as if" they're primary when **immediately preceded** by a designated aftercare V code in M1020. A list of these designated after V codes can be found in CMS's 2013 Grouper V3413, which can be downloaded at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/CaseMixGrouperSoftware.html>. **Note:** We currently are updating the scenarios on the ICD-9 Interactive web site to reflect these changes.

The following issues were found after the Manual was published:

- **Tip at code 428 should read:** Question the physician on the type of heart failure (systolic, diastolic, combined systolic and diastolic HF, or CHF) to aid in choosing a more specific 4th digit in this category. If the patient has documented CHF and another type of heart failure (systolic, diastolic or combined) then code both types. **Note:** If the same condition is described as both acute and chronic and there are separate entries in the alphabetical index at the same indentation level, code both and sequence the acute code first.
- **Chapter 10 Introduction**, p. 914, under the heading "Diabetic neuropathy," second paragraph states: Hypertensive CKD and diabetic nephropathy are coded together when the patient has HTN, CKD and diabetic nephropathy, using codes from 403, 249.4x/250.4x and 585. **The sentence that follows should be deleted** (*While the CKD code will always be coded last in the sequence because it is a manifestation of the HTN and diabetes, the coder should consult with the assessing clinician to determine whether HTN or diabetes should be listed first in the sequence, based on which diagnosis requires the most attention*).

- **Scenario in Chapter 2** titled "Diabetic polyneuropathy and cataract," should have code 250.51 in M1022c.
- In the **Alphabetic Index**, under the term "lesion, colon" the correct code should be 569.89.
- **ICD-10 Scenario in Chapter 16** titled "Care of urinary catheter," should have code Z87.440 in M1022e.
- **ICD-10 Scenario in Chapter 17** titled "Infected wound, multiple conditions," should have code Z95.810 listed under "other pertinent diagnoses."