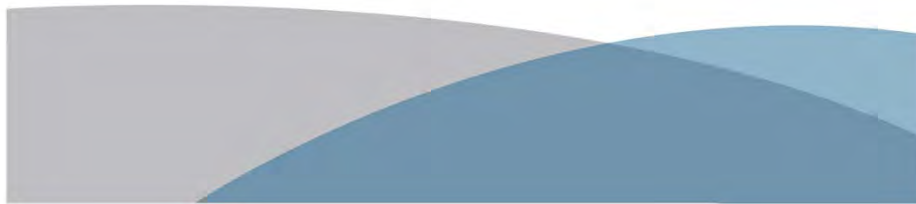




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Case Mix Diagnoses/Points in 2015

How to Prepare for the Impact on
Revenue!



<http://www.selectdata.com/Events/webinar-case-mix-diagnosis-points-2015/>

LINK TO HANDOUT

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Presenter

Laura is a nationally-recognized home health and hospice industry speaker, thought leader, and trainer on quality and regulatory compliance. Her collective homecare industry experience exceeds 20 years. She is certified in Home Care coding and holds a HCS-D designation. She is certified in the OASIS-C assessment and holds a COS-C designation. Laura is also a frequent contributor to Home Care periodicals such as *Home Health Line*, *Diagnosis Coding Pro*, and *OASIS-C Outcomes and Solutions*. Laura is a magna cum laude graduate from the University of Texas Health Science Center and holds a Bachelor's of Science degree in Nursing.



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Home Health Economy is Changing *Again!*



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CMS REMOVES MORE CODES FROM CASE MIX LIST

- For the 2nd year in a row, CMS has dealt a hefty blow to HHA's by removing some 200 diagnoses codes from case-mix status in the 2015 PPS Final Rule
- Last year, CMS removed 170 codes from case-mix status (third consecutive PPS rule with case-mix losses)
- Blindness/low vision, COPD/pulmonary, Depress/psych 1, 2 are categories that have experienced cuts
- ***What does this mean for your agency?***

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Objectives

- Understand which diagnoses no longer garner case-mix points (dollars) under the PPS 2015 Home Health Final Rule effective January 1, 2015
- Understand the reasons CMS has removed points from these diagnosis categories
- Understand which OASIS M-items no longer garner case-mix points/reimbursement
- Understand what documentation requirements are necessary to support primary and other diagnosis assignment on claims

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First Major Revision to Four Equation Model since 2008

- CMS has done a major revision to the case-mix variables that will impact HHA reimbursement on January 1, 2015
- The biggest cuts came to clinical points through the removal of case-mix diagnoses and some OASIS items
- Functional scoring also underwent some changes

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Diagnoses no longer case-mix

Blindness/ Low vision	Pulmonary	Psych 1	Psych 2
369.01-369.08	491.0-491.1	295.xx	290.0
		296.00-296.05	290.10-290.13
369.10-369.18	491.20-491.22	296.10-296.15	290.20-290.21
		296.20-296.25	290.3
369.20-369.25	491.8	296.30-296.35	290.40-290.43
		296.40-296.45	291.1, 291.2
369.3-369.4	492.0-492.8	296.50-296.55	292.81-292.89
		296.60-296.65	294.0
950.0-950.9	493.20-493.22	296.7	294.10-294.11
		296.80-296.89	294.20-294.21
		296.90-296.99	294.8
		297.0-297.9	331.11-331.19
		311	331.2-331.7
			331.81-331.82
			331.89

Why was case-mix status lost?

- Per CMS, The purpose of the recalibration of PPS case-mix weights, "is to align payments with current utilization data in a budget neutral manner."
- Key words = *current utilization data*
- CMS is making these changes based on our collective claims data
- Although CMS says the changes are budget neutral, most experts agree that HHA's are most likely going to see decreases in reimbursement

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Why was case-mix status lost?

- Experts contend that coding and documentation submitted on claims has not justified medically reasonable and necessary skilled services and this has led to the cuts in case-mix assignments
- Claims reviewed by CMS did not support that more care/resources were needed to care for patients with these diagnoses

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OASIS M-items Case-Mix Losses

- Diagnosis codes case-mix status were not the only cuts under this PPS final rule
- 2 OASIS M-items have completely lost their case-mix point assignments:
 - M1200 Vision
 - M2030 Injectable drug use

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Why the OASIS Point Cuts?

- Again, experts agree that both low vision and injectable medication use have been targets for several years
- Documentation did not support that increased resources were utilized in the care of patients relative to these M-items
- If these patients required increased care, then why was that information missing from submitted claims upon review by CMS?



Final Case-Mix Table

Final case-mix table
This table reflects the recalibrated case-mix points system finalized in the FY2015 PPS Final Rule

Episode number within sequence of adjacent episodes	1 st or 2 nd		3 rd or 4 th	
	Therapy visits	10-17*	18-19*	20-24*
EQUATION	1	5	3	4
CLINICAL DIMENSION				
1	Primary or Other Diagnosis = Blindness/Low Vision			
2	Primary or Other Diagnosis = Blood disorders		6	3
3	Primary or Other Diagnosis = Cancer, selected benign neoplasms		9	8
4	Primary Diagnosis = Diabetes		8	7
5	Other Diagnosis = Diabetes	1		
6	Primary or Other Diagnosis = Dysphagia			
7	AND M1000 (Therapy at home) = 3 (Enteral)	2	16	1
8	Primary or Other Diagnosis = Gastrointestinal disorders			
9	AND M1000 (Therapy at home) = 3 (Enteral)	2	7	7
10	Primary or Other Diagnosis = Gastrointestinal disorders			
11	AND M1000 (Therapy at home) = 1 or 2			
12	Primary or Other Diagnosis = Gastrointestinal disorders			
13	AND M1000 (Therapy at home) = 1 or 2			
14	Primary or Other Diagnosis = Neuro 1 - Brain disorders and paralysis, OR Neuro 2 - Peripheral neurological disorders, OR Neuro 3 - Stroke, OR Neuro 4 - Multiple Sclerosis			
15	Primary or Other Diagnosis = Head Diseases OR Hypertension	1		
16	Primary Diagnosis = Neuro 1 - Brain disorders and paralysis	3	11	6
17	AND M1000 (Total transfer) = 2 or more			
18	Primary or Other Diagnosis = Neuro 1 - Brain disorders and paralysis, OR Neuro 2 - Peripheral neurological disorders			
19	AND M1000 (Dressing upper or lower body) = 1, 2, or 3	2	7	1
20	Primary or Other Diagnosis = Neuro 3 - Stroke	3	10	2
21	Primary or Other Diagnosis = Neuro 3 - Stroke			
22	AND M1000 (Dressing upper or lower body) = 1, 2, or 3	4		8
23	Primary or Other Diagnosis = Neuro 3 - Stroke			
24	AND M1000 (Ambulation) = 4 or more			
25	Primary or Other Diagnosis = Neuro 4 - Multiple Sclerosis			
26	AND AT LEAST ONE OF THE FOLLOWING: M1000 (Bathing) = 2 or more OR M1000 (Transferring) = 2 or more OR M1000 (Ambulation) = 4 or more	3	8	7
27	Primary or Other Diagnosis = Ortho 1 - Leg Disorders or Gait Disorders			
28	AND M1324 (Most problematic pressure ulcer status) = 1, 2, 3 or 4	8	1	8

Episode number within sequence of adjacent episodes	1 st or 2 nd		3 rd or 4 th	
	Therapy visits	10-17*	18-19*	20-24*
EQUATION	1	2	3	4
29	Primary or Other Diagnosis = Ortho 1 - Leg OR Ortho 2 - Other orthopedic disorders			
30	AND M1000 (Therapy at home) = 1 (IV/Infusion) or 2 (Parenteral)	4	3	2
31	Primary or Other Diagnosis = Psych 1 - Affective and other psychoses, Depression			
32	Primary or Other Diagnosis = Psych 2 - Degenerative and other organic psychiatric disorders			
33	Primary or Other Diagnosis = Pulmonary disorders			
34	AND M1000 (Ambulation) = 1 or more			
35	Primary Diagnosis = Skin 1 - Traumatic wounds, burns, and post-operative complications	4	21	8
36	Other Diagnosis = Skin 1 - Traumatic wounds, burns, post-operative complications	6	15	7
37	Primary or Other Diagnosis = Skin 2 - Ulcers and other skin conditions			
38	AND M1000 (Therapy at home) = 1 (IV/Infusion) or 2 (Parenteral)	4	19	4
39	Primary or Other Diagnosis = Tracheostomy			
40	Primary or Other Diagnosis = Urology/Cystostomy			
41	M1000 (Therapy at home) = 1 (IV/Infusion) or 2 (Parenteral)		18	6
42	M1000 (Therapy at home) = 2 (Enteral)		15	7
43	M1000 (Mosi) = 1 or more			
44	M1242 (Pain) = 3 or 4	2		
45	M1006 - Two or more pressure ulcers at stage 3 or 4	4	5	4
46	M1324 (Most problematic pressure ulcer status) = 1 or 2	3	19	7
47	M1324 (Most problematic pressure ulcer status) = 3 or 4	8	33	12
48	M1324 (Stasis ulcer status) = 2	4	13	8
49	M1324 (Stasis ulcer status) = 3	7	18	18
50	M1342 (Surgical wound status) = 2	1	7	6
51	M1342 (Surgical wound status) = 3	6	5	11
52	M1400 (Diagnosis) = 2, 3, or 4	4	2	3
53	M1420 (Bowel incontinence) = 2 to 5		4	3
54	M1630 (Ostomy) = 1 or 2		11	3
55	Mostly Injectable Drug (Moi) = 0, 1, 2, or 3	4	11	3
FUNCTIONAL DIMENSION				
56	M1810 or M1820 (Dressing upper or lower body) = 1, 2, or 3	2		2
57	M1830 (Bathing) = 2 or more	6	3	5
58	M1840 (Total transferring) = 2 or more	1	3	3
59	M1850 (Transferring) = 2 or more	3	4	2
60	M1860 (Ambulation) = 1, 2 or 3	7	3	6
61	M1880 (Ambulation) = 4 or more	7	8	6

Source: FY 2015 Medicare claims data for episodes ending on or before December 31, 2013 (as of June 30, 2014) for which we had a final CACD assessment, LUPA episodes, outlier episodes, and episodes with OSC or PEP adjustments were excluded.

Final Case-Mix Table Losses

11 Total Lines Have Lost Case Mix Value

Line 1	Primary or Other Diagnosis = Blindness/Low Vision
Line 8	Primary or Other Diagnosis = Gastrointestinal disorders
Line 10	Primary or Other Diagnosis = Gastrointestinal disorders AND Primary or Other Diagnosis = Neuro 1 - Brain disorders and paralysis, OR Neuro 2 - Peripheral neurological disorders, OR Neuro 3 - Stroke, OR Neuro 4 - Multiple Sclerosis"
Line 13	Primary or Other Diagnosis = Neuro 1 - Brain disorders and paralysis AND M1840 (Toilet transfer) = 2 or more"
Line 17	Primary or Other Diagnosis = Neuro 3 - Stroke AND M1860 (Ambulation) = 4 or more"
Line 21	Primary or Other Diagnosis = Psych 1 - Affective/psychoses, depression
Line 22	Primary or Other Diagnosis = Psych 2 - Degenerative and other organic psychiatric disorders
Line 23	Primary or Other Diagnosis = Pulmonary disorders
Line 24	Primary or Other Diagnosis = Pulmonary disorders AND M1860 (Ambulation) = 1 or more
Line 33	M1200 (Vision) = 1 or more
Line 45	M2030 (Injectable Drug Use) = 0, 1, 2, or 3

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So now that we have lost case-mix points, should we stop coding these diagnoses altogether?

- NO!
- HHA's never code for points or reimbursement!
- Continue to code depression, COPD, Dementia, etc, **if they are supported for ICD-9 (soon to be ICD-10) code assignment** regardless of the additional points/reimbursement received
- CMS often reports that as soon as codes lose case-mix assignment, then they suddenly stop being coded. This gives the impression that our industry is coding for reimbursement
- GERD and HTN are examples of codes that formerly were coded more frequently when they had case-mix value, but dropped off sharply after being removed from the case-mix list
- If your agency follows official coding guidelines and rules, then your coding practices will not be affected by changing reimbursement dx lists. It will be right (supported) every time!

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CMS and Insulin Injections

- The PPS 2015 Final Rule also takes aim at insulin injections
- Concern is that there could be unnecessary insulin injections being billed in home care for patients that do not have the physical or mental impairments that keep them from self-injecting
- The Final Rule lists 164 diagnosis and status codes that would help support this service
- CMS expects these types of supporting diagnosis to be placed on the claims of diabetic patients receiving insulin injections from HHA's
- Examples of supporting dx include: 332.0 Parkinson's disease, contracture of joint, hand 781.44, and upper limb amputation status, hand V49.63
- OASIS functional items and record documentation must also be present and must support the patient's inability to self-inject on claims billed to prevent denials

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Insulin Injection- Supportive Dx List Categories

- Amputation
- Vision
- Cognitive/Behavioral
- Arthritis
- Movement Disorders
- Affects of Stroke/Other Disorders of Central Nervous System and Intellectual Disabilities
- *Please note that the above diagnoses are not all case-mix codes, but are important to supporting Insulin injection claims none-the-less!*

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Not all bad news

- High therapy utilization cases fared the best under the PPS case-mix changes for 2015
- HHA's with less therapy cases and higher focus on skilled nursing services will feel the biggest impact financially

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Diagnosis groups that still garner case-mix points!

- Certain blood disorders
- Cancer, selected benign neoplasms
- Diabetes
- Dysphagia
- Stroke
- GI disorder (only if with ostomy)
- Heart disease (OR certain HTN; not both)
- Brain disorders and paralysis
- Peripheral neurological disorders
- Multiple Sclerosis
- Ortho conditions-leg or gait disorders
- Trauma wounds, burns, and post-op complications
- Skin Ulcers
- Tracheostomy
- Urostomy/cystostomy

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Will CMS Continue to Cut Case-Mix Diagnoses?

- The question we need to ask ourselves is whether CMS will continue to chop away at diagnoses case-mix point assignment based on our submitted claims data
- There appears to be adequate data to support that CMS will continue to remove case-mix point status from diagnoses that are ***not supported in documentation as needing more care/resources***.

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What can HHA's do to prevent further case-mix losses?

- Appropriately assign primary and supporting diagnoses to claims
- Ensure that case-mix diagnoses assigned to claims are well supported by objective and measurable problems, interventions, and goals in the POC as well as each billable skilled note

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Primary Diagnosis Selection

- Per the Official Coding Guidelines, Section II. Selection of Primary Diagnosis, *“The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation the application of all coding guidelines is a difficult, **if not impossible**, task.”*

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Primary Diagnosis Selection

- The patient’s primary diagnosis is defined as the diagnosis most related to the current home health plan of care. The primary diagnosis may or may not relate to the patient’s most recent hospital stay, **but must relate to the services rendered by the HHA**
- Ensure that the **diagnosis is the one most related to the patient’s current plan of care, is the chief reason home care is needed, and is the most acute**
- Ensure that of all the diagnoses under consideration for this patient, **this is the diagnosis requiring the most intensive skilled services**
- If the primary diagnosis is a V-code or an etiology/manifestation pair, then additional criteria and coding instructions apply

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Additional Diagnosis Selection

- If a diagnosis meets the general diagnosis criteria for assignment on the OASIS, but does not meet the criteria for coding as a primary diagnosis, the HHA must consider whether the diagnosis can be coded as a secondary (additional) diagnosis in M1022 under ICD-9-C M guidelines
- Ensure that the secondary diagnosis under consideration includes not only conditions actively addressed in the patient's home health plan of care but also any comorbidity affecting the patient's responsiveness to treatment and rehabilitative prognosis
 - Example: A patient with depression that is exacerbated with a new medication change and recent weight loss of 5 lbs. in past 3 weeks may be a pertinent comorbidity affecting the patient's treatment/rehab prognosis. But if the patient has a diagnosis of depression that is stable, not actively exacerbated and well-controlled with current treatment, then that may not be a pertinent comorbidity to assign on the claim. Final guidance: whatever is coded on the claim should be supported in the record as requiring skilled intervention/resources/care, etc.

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Examples of case-mix dx supported in documentation

- **Blood disorder:** Blood loss anemia where new medications have been ordered and lab monitoring is evaluating effectiveness of medications (skilled O & A; teaching/training).
- **Cancer:** New diagnosis of malignant stomach cancer where G-tube feedings have been ordered to address nutrition deficits (skilled O & A; teaching/training).
- **Diabetes:** Amputated hand rendering the patient unable to self-inject insulin and no available, willing caregiver to perform injections (direct skill).
- **Dysphagia:** Patient having difficulty swallowing resulting in aspiration pneumonia and need for speech therapy/thickened liquids training, etc (skilled O & A; teaching/training, skilled therapy services).
- **Stoke:** Late effects CVA with gait/balance problems resulting in falls/injury and need for therapy (skilled therapy services).
- **GI disorder (only with ostomy):** Gastrostomy infection requiring skilled wound care (skilled O & A; direct skill).
- **Heart disease (OR certain HTN; not both):** CHF with recent hospitalization due to dehydration from therapeutic Lasix use requiring skilled O&A and medication teaching due to changes.

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Examples of case-mix dx supported in documentation

- **Brain disorders and paralysis:** Parkinson's disease with new onset loss of ability to ambulate requiring skilled therapy services
- **Multiple Sclerosis:** MS exacerbation with new onset of loss of bladder control requiring I & O catheterization (direct skill); teaching/training to caregiver
- **Ortho conditions-leg or gait disorders:** Rheumatoid arthritis flare-up resulting in need for PT skilled services due to gait deviations and at high risk for falls (with falls in the past)
- **Trauma wounds, burns, and post-op complications:** Post-op abdominal wound infected/dehisced requiring complex skilled wound care (direct skill and skilled O & A).
- **Skin ulcers:** Stage IV pressure ulcer requiring complex skilled wound care (direct skill and skilled O & A).
- **Tracheostomy:** New tracheostomy requiring skilled teaching/training of trach care and suctioning to caregivers.
- **Urostomy/cystostomy:** Cystostomy catheter changes requiring skilled nursing care to perform.

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Supported Diagnoses Similarities

- The common elements found in the previous two slides of case-mix diagnoses were that documentation was directly tied to **billable skills addressing problems, exacerbations, new diagnoses, complications, etc.**
- These were **NOT** diagnoses that were stable and predictable, without problems, without complications, without active (reasonable and necessary) skilled care directed at them, etc.
- Basically, issues with these case-mix diagnoses could be objectively measured in documentation through resource use/skilled care that was required to prevent re-hospitalization, exacerbation, falls, complications, etc.

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Protect our remaining case-mix diagnoses groups through accurate documentation!

- Experts agree that our best defense against further case-mix diagnoses cuts is accurate and objective documentation supporting that when our patients have these diagnoses, there are measurable skilled care resources necessary to take care of them.
- This objective documentation should be evident from billable skilled note to billable skilled note (not just listed on the plan of care)
- Skilled care is individualized to the specific patient needs; be careful of canned best practices utilized on all patients with a specific diagnosis as these alone may not justify reasonable and necessary care

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Examples of Resource Utilization

- Complex wound care (not superficial wound care like band-aides and antibiotic ointment, etc)
- Calling the physician from the field SN visit to report disease process exacerbations and VS parameter problems; obtaining skilled orders to intervene (e.g., medication change) and then evaluate effectiveness and report back to MD
- Therapy services (beyond a one-time evaluation) focusing on gait correction, fall prevention, etc. Documentation shows objective validated assessments measuring patient's progress at intervals
- Teaching/training on steroid medication tapering schedule or new disease process teaching (e.g. DM) with complex medication schedule
- Administration of IV therapy
- Catheter changes

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OASIS Accuracy on Non-Case-Mix items is Critical

- As explained earlier, HHA's should not stop listing pertinent/resource-impacting diagnoses on claims that no longer garner case-mix points. In the same manner, HHA's should also continue to score OASIS items that no longer garner case-mix points accurately despite their loss of reimbursement potential
- Vision and injectable drug use OASIS accuracy is still very important to supporting the overall medical necessity of claims under review by payers

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The Moral of the Story

- The moral of the story is that our clinical documentation directly impacts the reimbursement we receive
- Documentation must be objective and measurable and support the diagnoses and OASIS answers selected
- Claims will continue to be data-mined/reviewed by CMS to ensure that our payment is consistent with resource use (skilled care)

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Questions?



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References

- CMS PPS Final Rule 2015, Federal Register
- CMS Home Health Benefit Policy Manual, Chapter 7
- Appendix D

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