

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



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- [“Medicare Overpayment Collection Process”](#), Fact Sheet, ICN 006379, downloadable

MLN Matters® Number: MM8813

Related Change Request (CR) #: CR 8813

Related CR Release Date: August 1, 2014

Effective Date: January 1, 2015

Related CR Transmittal #: R1405OTN

Implementation Date: January 5, 2015

Diagnosis Reporting on Home Health Claims

Provider Types Affected

This MLN Matters® Article is intended for Home Health Agencies (HHAs) that submit claims to Home Health and Hospice Medicare Administrative Contractors (HH&H MACs) for services provided to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8813 which adds editing for principal diagnoses that are not appropriate for reporting on the home health claim. CR8813 instructs that the principal diagnosis reported on the home health claim should be the ICD-9-CM code that is most related to the current home health plan of care. HHAs should not submit manifestation codes as the primary diagnosis. Make sure that your billing staffs are aware of these changes.

Disclaimer

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Background

HHAs are to report diagnosis coding on the home health claim, as required by the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Coding Guidelines. Adherence to ICD-9-CM coding guidelines when assigning diagnosis codes is required under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient's primary diagnosis is defined as the diagnosis most related to the current home health plan of care. An analysis of Outcome and Assessment Information Set (OASIS) records and claims for Calendar Year (CY) 2011 revealed that some HHAs were not complying with the coding guidelines when reporting the primary diagnosis, in particular with regards to certain codes that require the underlying condition be sequenced first, followed by the manifestation. Given the concerns regarding compliance with coding guidelines, Medicare is adopting edits to ensure greater compliance of coding guidelines for primary diagnosis codes.

The principal diagnosis reported on the home health claim should be the ICD-9-CM code that is most related to the current home health plan of care. HHAs should not submit manifestation codes as the primary diagnosis.

Change Request (CR) 8813 instructs that, given the concerns regarding compliance with coding guidelines, the Centers for Medicare & Medicaid Services (CMS) is adopting edits to ensure greater compliance of coding guidelines for primary diagnosis codes.

Effective January 1, 2015, home health claims (including Requests for Anticipated Payments) reporting a manifestation code as principal diagnosis will be returned to the provider.

Additional Information

The official instruction, CR8813 issued to your MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1405OTN.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Net/work-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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