

Long-Term Care Survey Alert

Clinical & ICD-10 News to Use

Nursing facilities "should have proper height of beds and seats," said **Karen Russell, RN**, in a presentation at the October 2011 LeadingAge annual meeting. Russell said that she hadn't really thought about that until someone in a nursing home was demonstrating how she could transfer from the wheelchair to the bed. "And as [the person] was sitting on the bed -- all four foot 10 of her -- she was scooting back one buttock cheek at a time onto the bed and making these looks on her face." Russell looked and saw that the person had a "pretty good Stage 2 on her bottom."

While the person was four foot, ten, "her bed height was set for her being transferred back into the bed with the assistance of a caregiver," Russell relayed. To the facility's credit, it didn't use bed siderails, she added. But the person "also didn't have anything at all to hold onto that would have helped her get back [in bed] without so much dragging on her bottom."

Is your facility doing this lab testing? "Usually the FDA label for a drug will state under the dosage section whether you have to reduce the dose for someone with reduced liver function -- some you do and some you don't," advises **Thomas Lynch, PharmD, BCPS**, associate professor at the Eastern Virginia Medical School in Norfolk, Va. "But generally, if someone has liver failure to some degree, you either avoid the drug or reduce the dose," Lynch advises.

"Pharmacists might find that the results of liver function tests are already in the resident's chart since they are included in the comprehensive metabolic panel (CMP), which may have been drawn during a recent hospitalization," says **William Simonson, PharmD, CGP**, a consultant pharmacist and Senior Research Professor of Pharmacy Practice at Oregon State University. "Or a CMP may be drawn periodically during a nursing home admission such as during an annual assessment."

"Several medications are well known to affect liver tests, such as statins and higher doses of acetaminophen," says **Charles Crecelius, MD, PhD**, a medical director in St. Louis, Mo. But "practitioners may occasionally forget that other agents should prompt monitoring on a regular basis," he adds. "Examples include methotrexate, valproate, amiodarone, NSAIDs, estrogenic/anabolic steroids, and prolonged use of certain anti-infective agents, such as trimethoprim/sulfamethoxazole, nitrofurantoin, isoniazid, ketoconazole, and certain antivirals."

The ICD-10 date will be postponed, HHS recently confirmed. CMS representatives firmly told medical practices that the ICD-10 implementation date would not be pushed back beyond Oct. 1, 2013 -- but what a difference a few months makes.

The Dept. of Health and Human Services (HHS) announced on Feb. 16 that the ICD-10 implementation date will indeed be postponed. The agency stated that it "will initiate a process to postpone the date by which certain health care entities have to comply with International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10)."

"ICD-10 codes are important to many positive improvements in our health care system," said HHS Secretary **Kathleen Sebelius** in a statement. "We have heard from many in the provider community who have concerns about the administrative burdens they face in the years ahead," Sebelius said. "We are committing to work with the provider community to reexamine the pace at which HHS and the nation implement these important improvements to our health care system."

The announcement followed hints that CMS was planning a pushback. On Feb. 14, acting CMS administrator **Marilynn Tavenner** said she intended to "re-examine the pace at which we implement ICD-10," which would require the agency to go through the standard federal rulemaking process. Tavenner made her comments to great applause at the American Medical Association's National Advocacy Conference, attendees said.



Neither the HHS nor CMS has announced just how much of a delay will take place, but physicians are pleased that they'll benefit from some additional time to implement the new diagnosis coding system.

"The American Medical Association appreciates Secretary Sebelius' swift response to address the AMA's serious concerns with ICD-10 implementation," said AMA President **Peter W. Carmel, MD**, in a Feb. 16 statement. "The timing of the ICD-10 transition could not be worse for physicians as they are spending significant financial and administrative resources implementing electronic health records in their practices and trying to comply with multiple quality and health information technology programs that include penalties for noncompliance. We look forward to having a productive dialogue with the administration regarding the impact of ICD-10 and decreasing unnecessary hassles for physicians so they can take care of their patients."

Sebelius' announcement appears to fall short of the AMA House of Delegates' original recommendation last fall, which was for a full repeal of ICD-10. However, a slower pace could at least buy time for practices that have not yet considered the impact of ICD-10 on their systems.

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