

Long-Term Care Survey Alert

Clinical & ICD-9 Coding News to Use

The CDC recently published new hepatitis B vaccination guidance that could affect your residents. A Dec. 23 issue of the agency's Morbidity and Mortality Weekly Report (MMWR) notes that "since 1996, a total of 29 outbreaks of HBV infection in one or multiple long-term-care (LTC) facilities, including nursing homes and assisted-living facilities, were reported to CDC; of these, 25 involved adults with diabetes receiving assisted blood glucose monitoring (1; CDC, unpublished data, 2011)."

The article goes on to state: "An estimate of the risk for HBV infection for adults with diabetes living in LTC facilities was not available; continuing outbreaks suggest that it might be substantial."

The Advisory Committee on Immunization Practices (ACIP) suggests that "Hepatitis B vaccination should be administered to unvaccinated adults with diabetes mellitus who are aged 19 through 59 years (recommendation category A; evidence type 2)," states the MMWR article. "Hepatitis B vaccination may be administered at the discretion of the treating clinician to unvaccinated adults with diabetes mellitus who are aged ≥ 60 years (recommendation category B; evidence type 2)."

"This recommendation is long overdue," comments **James Marx, RN, MS, CIC**, an infection preventionist with long-term care expertise. "Common use blood sugar testing equipment has long been recognized as a common source of bloodborne pathogens," says Marx, principal of Broad Street Solutions in San Diego, Calif. And "hepatitis B is vaccine preventable. While most young people under 30 years old born in the United States have been vaccinated, the large number of older diabetics are vulnerable. This is a new recommendation and not part of any enforceable regulation (as of now). Facilities should include hepatitis B vaccine screening as part of routine admission assessments," Marx tells Eli.

According to information on Medicare.gov, "Medicare covers Hepatitis B shots for people at medium or high risk for Hepatitis B. ... The Hepatitis B vaccination requires three shots for complete protection."

Resources: The full MMWR article is available at www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a4.htm

Do you have patients taking Pradaxa? On Dec. 7, the U.S. Food & Drug Administration announced in a statement that it "is evaluating post-marketing reports of serious bleeding events in patients taking Pradaxa (dabigatran etexilate mesylate)."

"Pradaxa is a blood thinning (anticoagulant) medication used to reduce the risk of stroke in patients with non-valvular atrial fibrillation (AF), the most common type of heart rhythm abnormality," the FDA explains. The agency goes on to state: "At this time, FDA continues to believe that Pradaxa provides an important health benefit when used as directed and recommends that healthcare professionals who prescribe Pradaxa follow the recommendations in the approved drug label."

CMS has not instituted any delay or elimination of ICD-10, which means you'll need to be ready to use the new code set by Oct. 1, 2013 -- less than two years away. And contractors, vendors, and individual states are steadily readying their systems for ICD-10 claims processing.

Medicaid: Because Medicaid rules and policies vary on a state-by-state basis, you may be expecting states to be on different pages when it comes to ICD-10 implementation. But that would be an inaccurate assumption, CMS reps said during a Nov. 17 "ICD-10 Implementation" call.

"I can tell you that most states are still conducting impact analyses and gathering business requirements for the things needed to accommodate the implementation of ICD-10," said CMS' **Elizabeth Reed** during the call. "CMS currently conducts bi-weekly calls with the states and is currently offering state-specific technical assistance training. I would



encourage providers to get on their respective state list serves to stay in tune with state communications and testing requirements," she added.

Procedure coding: Fortunately, Part B coders won't have to worry about using the procedural codes, known as ICD-10-PCS, because this code set will only be used for inpatient hospital claims, said CMS' **Pat Brooks** during the call.

"ICD-10-PCS will not be used on physician claims, even those for inpatient visits," Brooks told the callers. In addition, ICD-10 implementation has "no impact on CPT® or HCPCS coding -- they will continue to be used as they are now."

Coverage decisions: One caller to the forum asked whether CMS is working on converting diagnosis codes on the national coverage decisions (NCDs), which are currently listed in ICD-9 format, to ICD-10 codes. Brooks assured the caller that CMS reps are working on such a conversion, but no updates exist on how far along the conversion is at this point.

For more on ICD-10 implementation, visit the CMS Web site at www.cms.gov/ICD10/.

Editor's note: This article originally appeared in The Coding Institute's Part B Insider. For subscription information, call 1-800-508-2582.