

Long-Term Care Survey Alert

Industry Notes: ICD-10 Implementation Date Finalized For Fall 2014

One-year delay to new diagnosis coding set gives providers some breathing room.

The pressure may ease off for your ICD-10 implementation efforts for a while, but it won't go away altogether.

In a final rule published in the Sept. 5 Federal Register, the **Centers for Medicare & Medicaid Services** finalized its proposed one-year delay to implementation of the new ICD-10 diagnosis coding set. CMS had announced a delay of unspecified length in February, then in April proposed the one-year deadline bump to October 2014.

"The change in the compliance date is intended to give covered healthcare providers and other covered entities more time to prepare and fully test their systems to ensure a smooth and coordinated transition by all covered entities," CMS notes in the rule. The one-year delay gives providers a break but also minimizes disruption and costs a longer postponement would cause.

"ICD-10-CM/PCS implementation is inevitable, but today's news gives the healthcare community the certainty and clarity it needs to move forward with implementation, testing, and training," says the **American Health Information Management Association** in a release.

Bright side: While providers wait on ICD-10 implementation, no ICD-9-CM diagnosis code updates are planned for ICD-9 2013 (effective Oct. 1, 2012). There's a freeze in place until ICD-10-CM replaces ICD-9-CM.

Potential changes for the annual ICD-9-CM update usually appear at this time of year in CMS's Inpatient Prospective Payment System (IPPS) proposed rule, but this year's IPPS indicated you won't have to deal with any changes. Providers can focus on ICD-10 prep instead.

Note: The final rule is at www.ofr.gov/inspection.aspx.

Revocation For Hospice Patients Entering Nursing Homes Raises Red Flags

Medicare contractors are putting hospices on notice that they are watching for shady dealings regarding nursing home residents.

For example: "Providers cannot request or demand that the patient revoke the hospice benefit while in the [skilled nursing facility/nursing facility]," HHH Medicare Administrative Contractor **NHIC** says in a recent message to providers.

"Once a hospice chooses to admit a Medicare beneficiary, it may not automatically or routinely discharge the beneficiary at its discretion, even if the care promises to be costly or inconvenient, or the State allows for discharge under State requirements," NHIC explains in the message. "The election of the hospice benefit is the beneficiary's choice rather than the hospice's choice, and providers cannot revoke the beneficiary's election. Neither should the provider request or demand that the patient revoke his/her election."