

Long-Term Care Survey Alert

Survey & Clinical News To Use:

Check out the latest round of revisions to the RAI user's manual. The **Centers for Medicare & Medicaid Services** recently posted an April 2004 update to the manual, which can be accessed at www.cms.hhs.gov/medicaid/mds20/rai0404upd.pdf. The revisions include clarifications at K5a (parenteral/IV) directing providers not to include fluids administered solely as flushes when coding this item. In coding 01 (number of medications), do not include topical preparations used for preventive skin care (i.e., moisturizers and moisture barriers should not be coded there). Do include antigens and vaccines in coding this item.

CMS added the following language in directions for coding pain in Section J: "Code for the frequency of pain during the observation period in J2a. Code the highest intensity of pain that occurs during the observation period in J2b."

CMS also added instructions directing staff to "confirm with the physician" statements by residents that they have a certain diagnosis (when those statements appear to have "clinical validity"). "A physician diagnosis is required to code the MDS," the update reaffirms.

More advice that should help clear up skin coding: Don't code skin tears or cuts in Section M4c. This item is defined as open lesions/sores other than pressure ulcers or stasis ulcers, rashes, cuts, e.g., cancer lesions.

Study shows treatment with medical device helps patients with peripheral neuropathy stay on their feet.

Recent research findings show that use of Anodyne therapy - an FDA-approved device using infrared phototherapy to increase circulation and decrease pain -- improved peripheral neuropathy patients' balance and ability to walk. The Anodyne treatment also reduced the patients' rate of falls by 96 percent during 90 days of therapy, apparently by increasing the sensation in the patients' feet. The peer-reviewed clinical study was reported in a recent issue of Geriatric Physical Therapy.

Most intermediaries cover Anodyne therapy under CPT code 97026 (infrared), says **Kim Stebbings**, vice president of sales and marketing for **Anodyne Therapy LLC** in Tampa, FL. In addition, most settings using Anodyne also provide Part B-covered physical therapy with the patients (therapeutic exercise, neuromuscular reeducation and/or gait training), she tells **Eli**.

"For Part A patients, Anodyne is used to reduce pain, increasing range of motion and reducing inflammation after surgery," Stebbings adds. "In most cases, the minutes count toward the RUG and in addition, many patients are better able to tolerate more minutes of therapy after Anodyne."

Previous studies have shown that people with decreased sensation in the bottom of their feet are more prone to falling. **Clinical tip:** Some experts have suggested that too-comfortable shoes, which a person can't "feel," may actually contribute to this problem in people with peripheral neuropathy. Of course, ill-fitting ones can cause skin breakdown on the feet, which can be dangerous for a person with diabetes.