

Long-Term Care Survey Alert

Tap This Often Overlooked Resource To Optimize Resident And Survey Outcomes

When managing resident outcomes, it pays to know when its time to move to Plan B Medicare Part B, that is.

After all, surveyors expect to see residents achieve the highest practicable level of physical and psychosocial wellbeing. And Part B can help fill in the gaps left by the fixed-payment Medicare PPS and Medicaid. Most private pay patients have this optional outpatient coverage, as do many dually eligible Medicaid residents.

Here are some key areas where Part B can lend a hand:

Maintenance rehab therapy for non Part A-stay residents. This benefit is still on the books but under utilized, reports **Cindy MacQuarrie**, a nurse and reimbursement specialist with **BKD LLP** in Kansas City, MO. Under Part B, the skilled rehab therapist can develop a maintenance or restorative program and then monitor it after turning the program over to the restorative aide, she says. Part B would pay for the therapist to establish the program and monitor it periodically as long as the resident makes progress. Note: At press time, Medicare officials had delayed implementation of the annual Part B rehab therapy cap from July 1, 2003 to Sept. 1, 2003.

Wound care. Would some of your residents benefit from some outside wound care expertise? Some nurse practitioners who are wound care specialists in private practice can bill Part B for their direct care services to residents. To bill Medicare, the nurse practitioner must have a Medicare provider number and cannot be an employee of the facility, MacQuarrie says.

Part B also pays for supplies that serve as second skin to a wound, including dressings and tape, MacQuarrie notes. (PPS bundles wound-care supplies into the per diem rate.) To receive payments for wound-care supplies, facilities must follow specific documentation requirements that support medical necessity. Check with your fiscal intermediary or DMERC for coverage parameters. Enterostomal therapists, nursing consultants and some of the medical supply companies may be able provide training on coverage, MacQuarrie suggests.

Psychiatric and mental health services. The **Centers for Medicare & Medicaid Services**, in fact, recently issued a program memo reviewing Part B coverage for mental health services in nursing homes (http://cms.hhs.gov/manuals/pm_trans/AB03037.pdf). The list includes not only psychiatrists and qualified clinical psychologists but also social workers, nurse practitioners, nurse clinical specialists and physician assistants. Ideally, facilities would refer only those residents whose mood or behaviors are difficult to alter and haven't responded to the interdisciplinary teams efforts, says **Deborah Ohi** with **Ohi & Associates** in Cincinnati. She also suggests getting the Part B practitioner involved in a care plan conference. (For an 11-point plan for ensuring your facility meets residents mental health needs, see the lead story in the May 2003 Long-Term Care Survey Alert.)

Incontinence treatment. Some residents with this condition will benefit from a urology or gynecology referral for evaluation and treatment. For example, some women with stress incontinence can achieve total cure with laparoscopic surgery, if their health status permits.

Evaluation of emergent conditions, especially for high-risk patients. Hospital emergency room services related to the residents emergent condition are carved out of the PPS rate, as are hospital outpatient CT scans and MRI. So if the facility thinks a resident on Coumadin, for example, is at risk for a subdural hematoma after a fall, a trip to the ER for a head scan is certainly a reasonable precaution. **Caution:** Facilities that show a pattern of ER admissions to treat common problems they could have handled are asking for a fiscal intermediary audit or worse.



Flu and pneumonia vaccinations. Facilities can bill Part B for these immunizations even when administered to Part A-stay (SNF) residents. A 100 percent immunization rate will lower rates of dehydration and delirium - and lower your quality measure flagging infections.