

MDS Alert

Coding, Compliance & Research News

Get ready for these new flu ICD-9 codes. Come October 1, you will have more detailed flu codes. Codes in the 488.0x (Influenza due to identified avian influenza virus) and 488.1x (Influenza due to identified novel H1N1 influenza virus) subcategories will provide greater specificity. The cooperating parties figured out that these sub-categories didn't provide the level of detail that category 487 (Influenza) does; so they have expanded the codes at 488.0 and 488.1. That means six new influenza with pneumonia codes for the 2011 ICD-9 update:

488.01 -- Influenza owing to identified avian influenza virus with pneumonia

488.02 -- Influenza owing to identified avian influenza virus with other respiratory manifestations

Also: The 2011 ICD-9 update expands the body mass index (BMI) codes to demonstrate higher BMIs with five new codes. In the past, you had just one V code to represent a BMI index over 40 (V85.4), but the new edition of ICD-9 will provide additional sub-classifications, ranging from a BMI of 40.0 to 44.9 (V85.41) through a BMI of 70 and over (V85.45).

Key: Official guidelines state that BMI can be coded based on clinical assessment. However, the physician must document obesity before you can list a code for it, says **Lisa Selman-Holman, JD, BSN, RN, HCSD, COSC**, consultant and principal of Selman-Holman & Associates and CoDR - Coding Done Right in Denton, Texas.

Ready for surveys without QI/QM reports? Starting Oct. 1 when the MDS 3.0 goes live, CMS and providers will experience a "blackout" phase where they won't have access to MDS-generated quality indicators and measures. And CMS has revised the survey tasks in Appendix P to allow surveyors to select the Phase I survey sample without using the reports, according to a recent survey & cert memo (http://www.cms.gov/surveycertificationgeninfo/downloads/sclletter10_27.pdf).

"This temporary revision to Traditional Survey Process Tasks 1-5C will be implemented Oct. 1, 2010 only for those nursing home surveys in which the traditional survey process is being used," states CMS in the memo.

The changes will continue from Oct. 1 until further notice, according to the memo.

An advanced copy of the revised Appendix P directs surveyors to use the CMS-802 (roster/sample matrix form) to "highlight concerns the team identifies for Phase 1 of the survey, and to list any potential residents pre-selected. Mark the offsite block on this form to distinguish it from the Phase 1 version that will be completed in Task 4, 'Sample Selection.'"

CMS has presented revisions in red or in italics. "Strikethroughs are used for those items that will be placed on hold until further notice. All remaining portions of Appendix P are unchanged," states the memo.

Receiving early palliative care may not only improve the quality of care but also longevity. That's according to a new study published in the New England Journal of Medicine. Patients with metastatic lung cancer who received early palliative care instead of just standard oncology treatment had "significant improvements in both quality of life and mood," says the study headed up by Massachusetts General Hospital researchers in Boston. And "patients receiving early palliative care had less aggressive care at the end of life but longer survival" " about two months longer. Patients receiving palliative care were in hospice programs longer, says the study, which is available for free at <http://www.nejm.org/doi/pdf/10.1056/NEJMoa1000678>.

Is there really more healthcare fraud these days? In reality, healthcare may have become a lucrative new stomping ground for organized crime, say some legal experts.

Attorney **Robert Markette Jr.** says he has, in fact, been claiming for the past couple of years that healthcare fraud

perpetrated by organized crime is on the rise.

"What we're seeing in Houston, Miami, and Louisiana is outright criminal conduct where witnesses, etc., are ending up dead," says Markette, in Indianapolis, Ind. "It's like 1920 Mafia stuff." He's also heard anecdotal accounts about foreign Mob elements opening up a home health agency to bill for non-existent services by using stolen identifiers from Medicare patients.

As a result of such actions, "law-abiding healthcare providers are being hammered and portrayed unfavorably in the press," Markette says.

"There are more 'evil doers' purposefully defrauding Medicare" who set up storefronts and bill for services they didn't render, agrees attorney **Michael Cassidy**, in Pittsburgh, Pa. "Because Medicare pays within 30 days, the government doesn't figure out there's anything wrong until it's too late," he observes. "The system is easy to manipulate" in that way.

But Cassidy doesn't believe "there are as many haphazard or negligent violations by providers." And that's due to the available amount of education on compliance issues, he says.