

MDS Alert

Coding, Survey & Research News

The new ICD-9 codes for Oct. 1 include "two new ones for dementia: 294.20 (Dementia unspecified without behavioral disturbance) and 294.21 (Dementia unspecified with behavioral disturbance)," says **Kathy DeVault, RHIA, CCS, CCS-P**, with the American Health Information Management Association. "These two new codes allow the classification of unspecified dementia which coders have not had in the past," she adds.

"These new codes may apply to patients in long-term care who have dementia, but no-one has documented that it's Alzheimer's disease or post-infarct. Being able to specify that the dementia has associated behaviors can support using a specific medication that a payer may not normally have paid for," says DeVault.

There are also three new flu codes, DeVault points out, as follows:

- 488.81 (Influenza due to identified novel influenza A virus with pneumonia);
- 488.82: (Influenza due to identified novel influenza A virus with other respiratory manifestations)
- 488.89 (Influenza due to identified novel influenza A virus with other manifestations)."

Skin cancers: "There's a whole new group of codes related to carcinoma of the skin: basal and squamous cell carcinomas, including the lip, eyelid, ears, other parts of the face, scalp. Then the sites move down the body to the neck, skin of trunk, upper and lower limb," says DeVault. "The code range for these new carcinoma codes is 173.00-173.99."

Tip: DeVault thinks "nurses should assess body parts that someone can't see, such as the back of ears."

Pancytopenia: "There are a couple of new codes: 284.11 (Antineoplastic chemotherapy induced pancytopenia) and 284.12 (Other drug induced pancytopenia) and 284.19 (Other pancytopenia). These are applicable to patients in long-term care who are on chemotherapy or other drug therapies and develop those types of issues," DeVault points out.

Acquired absence of joints: Look for "three new codes related to acquired absence of joints: V88.21 (Acquired absence of hip joint); V88.22 (Acquired absence of knee joint) and V88.29 (Acquired absence of other joint). These would be used when the surgeon takes out a prosthetic joint due to infection and allows it to heal before putting in a new joint," DeVault reports.

Embolism or thrombosis: New codes are "444.01 for saddle embolism of the abdominal aorta and 444.09 (Other arterial embolism or thrombosis of abdominal aorta)." Presence of these diagnoses "may help support a patient's acuity [in a SNF]," says DeVault.

Bariatric surgery. "There are some new codes related to the gastric banding procedures, which have the potential to be seen in long-term care facilities," DeVault says. "These are:

- 539.01 (Infection due to gastric band procedure);
- 539.09 (Other complications of gastric band procedure);
- 539.81 (Infection due to other bariatric procedure);539.89 (Other complications of other bariatric procedure)."

Looking ahead: DeVault notes that "the freeze on new codes will begin Oct. 1, 2011. For Oct. 1, 2012, there will be limited updates to code changes in ICD-9-CM and ICD-10-CM/PCS based on new technology and new diseases. And in Oct. 1, 2013" when ICD-10 goes into effect, "there will be limited updates to ICD-10-CM/PCS based on that same criteria. Then normal regular updates like the one this year will start Oct. 14, 2012 for ICD-10-CM/PCS. ICD-9-CM will no longer be updated after 10/1/2012," says DeVault.

In an August survey & cert memo, CMSnotes that the Affordable Care Act "mandates the inclusion of training for

nurse aides working in nursing homes on abuse prevention and care of persons with dementia." The memo goes on to point out that "the initial training requirements for new nurse aides currently include these topics." But to comply with the ACA, CMS says it "revised the Interpretive Guidelines for regulatory tag F497 to mandate the inclusion of these two topics in each nurse aide's yearly training program." CMS says it's also "revising the regulation to specifically include these two topics."

The memo includes an attached list of "alternative training materials for Sec 6121 of the Affordable Care Act." Read the memo at www.cms.gov/Surveycertificationgeninfo/downloads/SCLetter11_35.pdf.

Do you have patients taking citalopram? In a drug safety communication, the FDA says that the antidepressant "should no longer be used at doses greater than 40 mg per day because it can cause ... prolongation of the QT interval ..." This "can lead to an abnormal heart rhythm (including Torsade de Pointes), which can be fatal. Patients at particular risk for developing prolongation of the QT interval include those with underlying heart conditions and those who are predisposed to low levels of potassium and magnesium in the blood," the FDA reports.

Also: "Citalopram should not be used in patients with congenital long QT syndrome," the alert warns.

To read the full communication, go to

www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm269481.htm

You should consider putting your patients who have diminished eyesight on the watch list for falls, suggest findings from a newly published study. Researchers at Trinity College Dublin in Dublin, Ireland compared "three groups: older adults who had fallen at least once in the past 12 months, older adults who had not fallen, and younger adults," states a release on the study.

The researchers published an article on the study, "Reduced Vision Impairs Spatial Cognition in Fall-Prone Older Adults," in a recent issue of *Insight: Research and Practice in Visual Impairment and Blindness*.

In the study, the researchers had the participants walk a course without and without vision-impairing goggles. When the younger adults and the older adults who hadn't fallen had reduced vision, they "reduced their walking speed," states the release. "They were compensating for their impairment by proceeding more slowly. The fall-prone group, however, did not walk more slowly. They also made more errors in returning to the starting point of the course," the release continues.

Conclusion: "The fall-prone older adults displayed an overreliance on visual information for spatial cognition, but at the same time they did not adjust their behavior to compensate for their lack of visual information," says the release. "Spatial cognition may be more greatly compromised among fall-prone older adults."

Read the release at http://allenpress.com/Publications/pr/AERJ4_3.