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MDS Alert

ICD-10 & Medicare News to Use

The ICD-10 date will be postponed. Just three months ago, CMS representatives firmly told medical practices that the ICD-10 implementation date would not be pushed back beyond Oct. 1, 2013 -- but what a difference a few months makes.

The Dept. of Health and Human Services (HHS) announced on Feb. 16 that the ICD-10 implementation date will indeed be postponed. The agency stated that it "will initiate a process to postpone the date by which certain health care entities have to comply with International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10)."

"ICD-10 codes are important to many positive improvements in our health care system," said HHS Secretary **Kathleen Sebelius** in a statement. "We have heard from many in the provider community who have concerns about the administrative burdens they face in the years ahead," Sebelius said. "We are committing to work with the provider community to reexamine the pace at which HHS and the nation implement these important improvements to our health care system."

The announcement followed hints that CMS was planning a pushback. On Feb. 14, acting CMS administrator **Marilynn Tavenner** said she intends to "re-examine the pace at which we implement ICD-10," which would require the agency to go through the standard federal rulemaking process. Tavenner made her comments to great applause at the American Medical Association's National Advocacy Conference, attendees said.

Keep in mind that neither the HHS nor CMS has announced just how much of a delay will take place, but physicians are pleased that they'll benefit from some additional time to implement the new diagnosis coding system.

"The American Medical Association appreciates Secretary Sebelius' swift response to address the AMA's serious concerns with ICD-10 implementation," said AMA President **Peter W. Carmel, MD,** in a Feb. 16 statement. "The timing of the ICD-10 transition could not be worse for physicians as they are spending significant financial and administrative resources implementing electronic health records in their practices and trying to comply with multiple quality and health information technology programs that include penalties for noncompliance. We look forward to having a productive dialogue with the administration regarding the impact of ICD-10 and decreasing unnecessary hassles for physicians so they can take care of their patients."

Sebelius' statement appears to fall short of the AMA House of Delegates' original recommendation last fall, which was for a full repeal of ICD-10.

Stay on track: Despite the announcement of a slower timeline, you should continue to work toward compliance with the new diagnosis coding system, which appears to still be in place for future implementation.

To read Sebelius' statement, visit www.hhs.gov/news/press/2012pres/02/20120216a.html.

Editor's note: The preceding article was originally published on The Coding Institute's Codify and in Part B Insider. For subscription information, call 1-877-912-1691.

Are you aware of this Medicare change? Physician assistants can now certify and recertify patients for Medicare Part A SNF care, says **Janet Potter, CPA, MAS.** "The Affordable Care Act allowed physician assistants (PAs) to begin performing the required certifications and recertifications for SNF Part A residents," adds Potter, manager of healthcare research for FR&R Healthcare Consulting in Deerfield, Ill., which reported on the topic in a recent bulletin. "The rule was recently added to the manuals, retroactive to Jan. 1, 2011," adds Potter.

Potter notes that "SNFs may find this new rule helpful with the logistics of Medicare certification for their residents.

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However, PAs must work under the general supervision of a physician in an employment relationship," she adds. "In other words, only a physician or physician group can employ a PA. The SNF's physicians may find it useful to have their PAs do the certifications and recertifications for them. The physician does not need to be present when the PA performs the visit," says Potter.

"Nurse practitioners (NPs) who are not employed, directly or indirectly, by the SNF have long been able to perform the certification and recertification of Medicare residents in a SNF," Potter tells Eli. "Unlike PAs, NPs need only work in collaboration with a physician, not necessarily be employed by the physician. This allows the NPs more employment options, including group practice or self-employment," adds Potter.

"We expect to see many more PAs and NPs involved in SNF care in the future as both offer less expensive options to the SNF for a physician level of care to the residents," Potter says. "As cost containment and the need for reduction of rehospitalizations become more prevalent, non-physician practitioners will play a very important role in resident care in a SNF."

Read Transmittal 76 (Change Request 7701), which implements the change, at www.cms.gov/transmittals/downloads/R76GI.pdf.

A**recent MLN****Matters article notes that Change Request (CR) 7717 "discontinues the** SN**F and SB provider reporting requirement** for reporting Occurrence Code 16 and updates instructions for assessment date reporting. CR7717 updates current Medicare system edits to add the following Assessment Indicators (AIs) that only require one Occurrence Code 50 (Assessment date reporting) for an assessment that produces two Health Insurance Prospective Payment System (HIPPS) codes required on the claim: 0A, 0B, 0C, 1A, 1B, 1C, 2A, 2B, 2C, 3A, 3B, 3C, 4A, 4B, 4C, 5A, 5B, and 5C," states the article.

"The changes in this transmittal and what it is addressing do not take effect until July 2, 2012," says **Victor Kintz, MB**A**, CHC, L**N**H**A**, R**A**C-C**T**, CC**A**,** managing director of operations for The Polaris Group based in Tampa, Fla.

"Currently facilities are required to include on the Medicare UB-04 claim form Occurrence Code 16, which is the date that therapy services ended during that coverage period," Kintz tells Eli. "This information would allow the various 'data miners' (MACs, CERTs, RACs, ZPICs, etc.) the ability to compare how many therapy days should be billed on that claim," adds Kintz, managing director of operations for The Polaris Group based in Tampa, Fla. "If the end date of therapy and the 'day count' did not match, it could trigger an ADR or kick the claim out from payment until corrected."

Kintz points out that "the MDS 3.0 includes the Therapy End date in Section O. The Integrated Data Repository (the CMS database where the claims and clinical data are stored) includes information from both the claim and the MDS, allowing for cross referencing of the two. Since the Therapy End Date is already on the MDS, and with the Assessment Indicator Codes on the claim that indicate an End of Therapy, there is no need for the use of Occurrence Code 16," Kintz adds. "It is a duplication of data."

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