

## MDS Alert

### MDS 7 Billing News

**Gear up to implement the new ICD-9-CM codes on Oct. 1, 2005.** Here's what's coming down the coding pike: The new descriptor for 728.87 will be "muscle weakness (generalized)." Currently the ICD-9 manual states that 728.87 excludes "generalized weakness" (780.79).

While the reason for this addition is not yet clear, the code will remain applicable for any muscle weakness without a more specific causal condition. Code 728.87 is appropriate for a patient who suffers muscle weakness, whereas 780.79 (Other malaise and fatigue) is for overall tiredness and/or lethargy, explains **Sandra Soerries, CPC, CPC-H, with BKD Consulting** in Kansas City, MO.

**Reminder:** Code 728.2 (Muscle disuse atrophy) is not appropriate for temporary weakness following a short hospitalization. Use this code only when there is measurable muscle atrophy and a specific cause reflected in the documentation. Otherwise, you should use 728.87.

**A slew of sleep disorder codes:** Come Oct. 1, you'll have 21 new sleeping problem-related diagnosis codes to work with, as well as revisions to sleep apnea codes 780.51-780.57. The new series of codes covers the details of conditions such as insomnia and hypersomnia.

**Excessive crying code debuts:** New codes include a new "excessive crying" code for adults. Previously there was only a code to describe excessive crying in infants: 780.92 (Excessive crying of an infant [baby]).

The code was so useful that the American Hospital Association's Editorial Advisory Board and the National Association of Children's Hospitals and Related Institutions (NACHRI) requested a similar code for adults.

**Result:** This October, you'll have 780.95 (Excessive crying of child, adolescent or adult).

**Just when you thought DAVE had gone away ...** The **Centers for Medicare & Medicaid Services** issued Transmittal 185, effective July 18, instructing fiscal intermediaries to process payment adjustments identified by the Data Assessment and Verification (DAVE) Program Safeguard Contractor Review.

DAVE contractors performed offsite postpayment medical records reviews to evaluate the accuracy of MDSs and the medical necessity of services in SNFs, states the transmittal. In some cases, DAVE reviewers uncovered inaccurate Medicare payments, which the FIs will adjust.

The FIs will use existing policies and procedures to process appeals resulting from the DAVE-related payment adjustments. Read the transmittal at [www.cms.hhs.gov/manuals/pm\\_trans/R158OTN.pdf](http://www.cms.hhs.gov/manuals/pm_trans/R158OTN.pdf).

**The only constant on the survey front these days seems to be change and more change.** CMS released a [survey and certification letter in June with an advance copy of the final changes to the interpretive guidelines for F501 \(Medical Director\) and related revisions to Appendix PP of the State Operations Manual.](#)

[The agency says it will delay final issuance until November 2005 to allow state survey agencies and providers time to complete training on the new guidance.](#)

[Read the survey and certification letter \(S&C 05-34\) at www.cms.hhs.gov/medicaid/survey-cert/letters.asp.](http://www.cms.hhs.gov/medicaid/survey-cert/letters.asp)

[In addition, CMS has released a draft for comments of revised survey guidance for F323 \(accidents\) and F324 \(supervision to prevent accidents\), which will be combined into a single tag \(F323\).](#)

**Are you ready for pay-for-performance or P4P?** CMS is in the process of designing a demonstration to test the concept using measures of quality and efficiency to reward top-performing facilities. That's according to information presented at the June 30 SNF Open Door Forum. The agency is looking forward to developing a payment incentive program for nursing homes, "although it will take some time to develop something for prime time," said CMS' **Sheila Lambowitz** at the ODF.

The demonstration isn't limiting itself to considering only the existing quality measures, Lambowitz added.

Other news from the SNF ODF:

CMS will include instructions for the new Section W on flu and pneumonia immunizations in an August RAI manual update.

The agency is also reviewing public comments to a proposed SNF and RUG refinement rule, which solicits comments on proposals to reduce or eliminate grace days for the MDS assessments, do away with the hospital lookback and projected therapy on the 5-day assessment (Section T).

The final rule, expected out by July 29, will address whether CMS plans to make changes to the MDS process, said Lambowitz.