

MDS Alert

MDS, Billing & Clinical News To Use

Check out the new consolidated billing transmittals. The Centers for Medicare & Medicaid Services recently issued Transmittals 19 and 20 updating HCPCS codes used for SNF consolidated billing enforcement. At press time, CMS had not posted the SNF Self Help File. Transmittal 19 (attachment 2) provides a comprehensive list of HCPCS codes used to edit claims for services subject to consolidated billing. Download Transmittal 19 at http://www.cms.hhs.gov/manuals/pm_trans/R19CP.pdf and Transmittal 20 at www.cms.hhs.gov/manuals/pm_trans/R20CP.pdf.

Look for DAVE in a facility near you - or maybe even in your own. CMS plans to roll out its Data Assessment and Verification (DAVE) program nationwide in January, the agency announced at its Nov. 18 SNF Long-Term Care open forum. The national computerized intelligence program, which targets MDS accuracy, will include random offsite reviews and some onsite reviews. DAVE will build on lessons about MDS accuracy gleaned during a two-state pilot program, and will work toward development of targeting protocols. For the latest updates on DAVE, check the CMS Web site at www.cms.hhs.gov/providers/psc/dave.

Providers may be a step closer to saying goodbye to the ICD-9-CM diagnosis coding system. The **National Committee on Vital & Health Statistics** recommended in November that the **U.S. Department of Health & Human Services** proceed with proposed rulemaking to transition from the current ICD-9-CM to the ICD-10 medical coding standard. The committee serves as the public advisory body to HHS. While acknowledging the burden imposed by the new system, the panel also touted its benefits, including better patient care and billing, and fairer payment for new technology.

Moving to the next generation of diagnosis coding could cost health care providers more than Y2K. That's according to a new study sponsored by the **Blue Cross Blue Shield Association**. The study pegged the cost to health care providers to be as high as \$14 billion - more than the industry paid to ready computer systems for the Year 2000 conversion.

The study's authors say the \$14 billion figure is a conservative estimate because they didn't include nursing homes, clinical labs, durable medical equipment vendors and others unable to develop initial cost estimates. For more details on the study's findings, go to <http://onlinepress/http://onlinepressroom.net/bcbsa/>.

Don't miss these invaluable new **guidelines for caring for people with multiple sclerosis in the nursing home setting.** The **National MS Society** recently published a helpful guidebook, *Nursing Home Care of Individuals with Multiple Sclerosis: Guidelines and Recommendations for Quality Care*. A task force of experts in MS and long-term care developed the guidelines, which provide practical clinical information and best practices to address nursing and daily

care, rehabilitation, cognitive issues, psychosocial and spiritual needs and age-appropriate activities. The strategies may also be used in caring for patients with other chronic disabilities, especially younger residents. Download a free copy at www.nationalmssociety.org/pdf/forpros/MS_nursing_guide.pdf.

SNFs could face overpayment demands related to three-day hospital stay issue. The HHS **Office of Inspector General** continues to pursue the idea that SNFs are admitting Medicare beneficiaries who lack a three-day consecutive hospital stay within 30 days of admission.

The OIG has undertaken a series of reports examining the issue at Medicare contractors across the country. In the latest pair of reports - "Ineligible Medicare Payments to Skilled Nursing Facilities Under the Administrative Responsibility of TriSpan Health Services" and "Ineligible Medicare Payments to Skilled Nursing Facilities Under the Administrative Responsibility of Blue Cross and Blue Shield of Arizona, Inc." - the OIG found that TriSpan should recover \$4.7 million from SNFs and BCBSAZ should recoup \$1.7 million.

This sort of overpayment collection is very complicated for contractors, however, and it looks like CMS is working on a nationwide fix. In a response to the report, TriSpan notes that CMS told it to suspend overpayment activities for now. "Since the issues raised appear to be of a national nature, CMS will furnish all contractors with instructions on how to proceed in a uniform manner," TriSpan reports. To see the TriSpan report, go to <http://oig.hhs.gov/oas/reports/region5/50300050.pdf>. For the BCBSAZ report, go to <http://oig.hhs.gov/oas/reports/region5/50300072.htm>.