

MDS Alert

MDS & Billing News

The OIG recently handed out kudos to nursing homes for doing a good job in meeting their Minimum Data **Set responsibilities.** Facilities completed 95 percent of their resident assessments on time and submitted 94 percent of the records in a timely fashion, according to a recent **HHS Office of Inspector General** study.

As a result, the national MDS Repository is for the most part current and representative of the resident population. Yet, while most facilities are submitting records appropriately for residents in beds certified by Medicare or Medicaid, a number of facilities incorrectly coded records for an estimated 1,812 residents in non-certified beds. The **Centers for Medicare & Medicaid Services** said it would take action to ensure that records for non-certified units are not transmitted to or stored in the repository.

For a copy of the report, visit http://oig.hhs.gov/oei/reports/oei-06-02-00730.pdf.

Section W will be coming on board on Oct. 1, which means facilities need to get their immunization rates up to speed. The new MDS Section W will include a National Provider Identification (W1) and influenza and pneumococcal Immunization guestions (W2 and W3).

You can get an NPI by applying through a Web-based application process at http://nppes.cms.hhs.gov. You may also apply by paper to the entity that will be assigning the NPI (that entity is known as the Enumerator) beginning July 1, 2005.

A copy of the application, including the Enumerator's mailing address, will be available on https://nppes.cms.hhs.gov.
You may also call 1-800-465-3203. With your permission, a group such as a professional organization may submit your application in an electronic file. This process will be available in the fall 2005.

Review the draft Section W at www.cms.hhs.gov/quality/mds20/SectionW.asp.

CMS will be offering a Webcast on the new section and flu and pneumonia immunization in September. To sign up, go to http://cms.internetstreaming.com/courses/upcoming/.

The Webcast will address RAI manual instructions that talk about the National Provider Identification requirement and the flu and pneumococcal immunization questions. "CMS also plans to review best practices for how to get the immunizations done in the most efficient way and improve healthcare worker vaccination rates," said CMS' **Bob Connolly** at the May 26 SNF Open Door Forum.

Are you up to date on the HCPCS codes for SNF consolidated billing? On May 27, CMS issued its July quarterly update to the 2005 Annual Update of HCPCS Codes Used For SNF Consolidated Billing Enforcement.

(See Change Request 3873, online at www.cms.hhs.gov/manuals/default.asp.)

The update gives providers a revised effective date for the SNF consolidated billing exclusion of HCPCS L5781 (Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system) of Jan. 1,



2003.

Earlier, CMS gave an effective date of Jan. 1, 2005, for the code exclusion, limiting the claims affected to the current calendar year. Now CMS says that if you have reimbursed a supplier for L5781 any time since Jan. 1, 2003, you can ask that supplier for a refund. In addition, suppliers may bill Medicare for this code retroactively for dates of service from Jan. 1, 2003. The transmittal's effective date is July 1, 2005.

The therapy caps will be back if Congress doesn't act soon. CMS officials reminded SNF ODF forum listeners recently that Part B therapy caps would be reinstated come Jan. 1, 2006, without congressional action. Legislators are considering legislation to repeal the therapy caps permanently.

But if the caps stand, providers can expect limits of approximately \$1,590 annually per beneficiary for speech-language pathology and physical therapy combined and a separate \$1,590 cap for occupational therapy. "The only change might be a slight adjustment" to the annual limit," allowed a CMS official speaking at the May 26 forum.