

MDS Alert

MDS & Billing News

Talk about no fun: Starting Oct. 2, 2006, your SNF must submit "no payment bills" and "benefits exhaust bills" even though no benefits may be payable by Medicare.

The missive outlining the new requirements, Change Request 4292, is more of a clarification than a new policy, explains the **Centers for Medicare & Medicaid Services**.

Resource: To review the requirements--and the difference between a no-payment and a benefits exhaust bill--go to www.cms.hhs.gov/MLNMMattersArticles/downloads/MM4292.pdf.

--Get a jumpstart on pain. CMS is circulating a draft revision to F309 for pain assessment and management. The draft guidance says that, at a minimum, an initial pain assessment should include a thorough pain history, including a detailed description or symptom analysis such as the pain PQRSTA mnemonic, as follows:

P: Palliative and/or provocative factors

Q: Quality of pain (burning, stabbing, aching, etc.) and impact on quality of life (e.g., functioning, sleep, appetite, and mood)

R: Region of body affected

R: Radiation (where it spreads from its origin)

S: Severity of pain (e.g., 0-10 scale; verbal descriptor scale)

T: Timing of pain (e.g., after meals, in the morning, frequency, duration, etc.)

T: Treatments tried

A: Associated symptoms (e.g., shortness of breath, chest pressure, inflammation, warmth, tenderness) **Also:** The effectiveness of past efforts to relieve pain; and satisfaction with current pain management.

The draft guidance also spells out several patient scenarios where surveyors might cite immediate jeopardy for inadequate pain management.

To receive a copy of the draft guidance, e-mail EditorMON@aol.com.