

MDS Alert

MDS & Billing News

--**Make sure you're complying with new diagnosis coding for dysphagia that goes into effect Oct. 1.** Effective as of that date, subcategory 787.2x (Dysphagia) will expand to include new subclassifications that identify types of dysphagia such as oral phase (787.21), oropharyngeal phase (787.22), pharyngeal phase (787.23) and pharyngoesophageal phase (787.24), says **Charlotte Lefert, RHIA**, a consultant based in Madison, WI and coding strategy facilitator of the **LTC Community of Practice for the American Health Information Management Association (AHIMA)**. You'll assign 787.20 for dysphagia, unspecified, and 787.29 (Other dysphagia) for other dysphagias such as cervical or neurogenic. Once these changes are in effect, there will be times when you would report a 787.2x code for a patient with dysphagia as a late effect of a CVA. A note in subcategory 787.2, Dysphagia, will instruct you to "Code first, if applicable, dysphagia due to late effect of cerebrovascular accident (438.82)," explains Lefert. If the dysphagia is the late effect of a CVA, you will only assign a code from subcategory 787.2 when the type of dysphagia is documented in the health record. If the type of dysphagia is not specified, you'll assign only code 438.82.

--**Assessing residents for dysphagia will be important under the new F373 (paid feeding assistants), which is now in effect.** Under the survey guidance for the tag, facilities that use paid feeding assistants have to meet a number of requirements, including being in a state that approves the use of paid feeding assistants and has a mechanism to approve a facility's training program for the assistants. "Use of paid feeding assistants isn't a mandate," says **Evvie Munley**, spokeswoman for the **American Association of Homes & Services for the Aging**. Munley tells **Eli** she believes some states were "awaiting" CMS guidance to move forward with the program. Residents with "complicated feeding problems" cannot participate in a paid feeding assistant program; that includes residents with difficulty swallowing, recurrent lung aspirations and tube or parenteral/IV feedings.