

## MDS Alert

### MDS & BILLING NEWS TO USE

**Has your facility downloaded information CMS says nursing homes and residents must have about the new Medicare-approved prescription drug card?** The **Centers for Medicare & Medicaid Services** has issued a fact sheet for residents and long-term care counselors and a letter explaining the drug card program to nursing home administrators. Some low-income non-Medicaid residents may qualify for a special \$600 credit in 2004 and another \$600 credit in 2005.

The information is available on the MDS Welcome Page, the CASPER log-in page or on the QIES Technical Support Office Web site at <https://asp.qtso.com/STSO/start.asp>.

**CMS clarifies additional tricky consolidated billing issues.** Been wondering if ambulance transports to physician office visits are included under Part A consolidated billing? They aren't, according to CMS staffer **Sheila Lambowitz**, speaking at a recent SNF open door forum. CMS also clarified that EPO (erythropoietin) is separately billable to Medicare only for patients receiving end-stage renal disease (ESRD) services or dialysis from a qualified home dialysis program. "In all other circumstances, EPO is part of the PPS rate and not separately paid," said Lambowitz. "That includes patients with acute renal failure who may need dialysis and who are getting EPO - or those who are getting the drug for conditions unrelated to ESRD."

**CMS posted a June MDS update to clarify hospice coding.** The update is short but not so sweet for facilities that provide their own palliative care program but won't be able to code it as hospice care on the MDS at P1ao. The manual now says (additions in italics): "The resident is identified as being in a hospice program for terminally ill persons where an array of services is necessary for the palliation and management of terminal illness and related conditions. The hospice must be licensed by the state as a hospice provider and/or certified under the Medicare program as a hospice provider."