

MDS Alert

MDS & BILLING NEWS TO USE

If you're counting on that 90-day grace period to get up to speed with the 2005 ICD-9-CM codes, forget it. The new codes go into full effect Oct. 1, and there's a slew of them used commonly in nursing homes.

Here are a few of the major changes relevant to long-term care:

Cerebrovascular accident/cerebrovascular disease. Revised codes are **434.91** (cerebrovascular accident, current, CVA). You should also note three new CVA-related codes: **434.11** (embolic); **434.91** (ischemic) and **434.01** (thrombotic).

Anemia. Post-acute providers should be aware of two new codes under this heading, **285.1** (post-operative anemia due to blood loss) and **285.9** (post-operative anemia, other cause).

Bronchitis. Codes relating to bronchitis were revised for FY 2004, but the coming year brings further refinements, including new codes **491.22** (chronic obstructive airway with acute bronchitis) and **491.21** (chronic obstructive airway with acute exacerbation).

Decubitus ulcer. New codes spell out specific locations of decubitus ulcers: 707.01 (decubitus ulcer, elbow), 707.02 (decubitus ulcer, upper back), 707.03 (decubitus ulcer, lower back), 707.04 (decubitus ulcer, hip), 707.05 (decubitus ulcer, buttock), 707.06 (decubitus ulcer, ankle), 707.07 (decubitus ulcer, heel), and 707.09 (decubitus ulcer, other site).

The code for decubitus ulcer with gangrene changes from 785.4 to **707.00**.

Dementia. In addition to adding **292.82** (drug-induced persisting dementia), the ICD-9 committee revised these codes: **291.2** (alcohol-induced dementia), **290.42** (delusions with dementia) and **290.43** (depressed mood with dementia). Codes 290.42 and 290.43 are now listed under **290.40** (vascular or arteriosclerotic dementia, uncomplicated).

Emphysema. The new code to note here: **491.22** (emphysema with acute bronchitis).

Thrombosis. Note new code **453.40** (thrombosis, deep vein, lower extremity) and revised code **453.8** (thrombosis, leg/lower extremity).

The coding changes are available at www.cdc.gov/nchs/icd9.htm.

Are you on top of what nonphysician practitioners (NPPs) can legally do and get paid for when caring for Medicare versus Medicaid residents? Check out the latest Q&A on the subject at www.cms.hhs.gov/medlearn/matters/mmarticles/2004/SE0418.pdf.

For example, if an NPP works for the SNF, his or her services to SNF residents are bundled into the SNF Part A PPS.