

MDS Alert

MDS & CLINICAL NEWS TO USE

The quality measures posted on Nursing Home Compare now reflect an average of three quarters' worth of QM data rather than one. This matches the data CMS uses for its Five-Star rating system. The agency reported the change in the Technical User's Guide for the Five-Star program

(www.cms.hhs.gov/CertificationandCompliance/Downloads/usersguide.pdf).

Check out the 2010 Physician Fee Schedule Rule. CMS released its final rule for services reimbursed under the Medicare Physician Fee Schedule on Oct. 30. Of note, the agency set the therapy cap dollar amount for 2010 to \$1,860 for occupational therapy and \$1,860 for physical therapy and speech-language pathology services combined.

Plus: Separately, CMS discusses Canalith Repositioning -- CPT code 95992 (Canalith repositioning procedure[s] [e.g., Epley maneuver, Semont maneuver], per day) -- which was a new code the American Medical Association created for 2009. CMS has decided to make that code not valid for Medicare purposes. Therapists who perform this type of vestibular rehab procedure can, however, still get paid. The rule instructs therapists who perform Canalith Repositioning (Epley and Semont maneuver) to bill for that time under neuromuscular re-education -- CPT code 97112 (...Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities).

Batten down the infection-control practices. A souped-up MRSA strain may be on the loose. The strain appears more lethal than other MRSA strains and also shows some resistance to vancomycin, the antibiotic that usually vanquishes the superbug, report researchers at Henry Ford Hospital.

The study found that 50 percent of patients suffering from the strain, USA 600, succumbed within 30 days compared to 11 percent infected with other forms of MRSA.

"The average 30-day mortality rate for MRSA bloodstream infections ranges from 10 percent to 30 percent," states a Henry Ford release on the study.

The researchers report that the USA 600 strain possesses "unique characteristics" that could be tied to the higher death rate seen in the study. But "it's unclear whether other factors like the patients' older age, diseases or the spread of infection contributed to the poor outcomes collectively or with other factors," the release reports.

The average age of patients infected with the strain was 64 versus 52 for patients infected with other types of MRSA.

"While many MRSA strains are associated with poor outcomes, the USA 600 strain has shown to be more lethal and cause high mortality rates," says **Carol Moore, PharmD**, lead author of the study, in the release. "In light of the potential for the spread of this virulent and resistant strain and its associated mortality, it is essential that more effort be directed to better understanding this strain to develop measures for managing it."

Researchers presented the studying findings at the annual Infectious Diseases Society of America meeting held Oct. 29-Nov. 1 in Philadelphia.