

OASIS Alert

CMS Finally Moves One Step Closer To Replacing ICD-9 Codes

ICD-10 impact analysis begins.

The U.S. lags behind the rest of the international community in transitioning from the current coding system -- with 17,000 diagnosis and procedure codes -- to the ICD-10 system -- which has 210,000.

Now the **Centers for Medicare & Med-icaid Services** has contracted with the **American Health Information Management Association** to begin assessing the impact of replacing the ICD-9 code sets with the ICD-10 versions, the agency announced Oct. 2.

AHIMA is to assess CMS' systems, policies and operations "to determine potential impacts" of making this transition, CMS says in its press release. This includes looking at ICD-10's "ability to support more accurate payment for new procedures, efficient claims processing and improved disease management," CMS says.

News to use: While CMS is still assessing the implementation and timing of this transition, the agency's "proactive approach should send a signal to hospitals and other stakeholders who use the ICD-9 coding to begin making their own transition plans," says CMS Acting Administrator **Kerry Weems**.

• The HHS Office of Inspector General has two new home health agency investigations planned for the coming year, according to its fiscal year 2008 Work Plan. The OIG will scrutinize "accuracy of coding and claims for Medicare home health resource groups," according to the plan. "We will assess the accuracy of HHRG assignment and identify potential patterns of upcoding by HHAs," the OIG says.

The agency will also examine accuracy of Home Health Compare data.

The Work Plan is online at http://oig.hhs.gov/08/Work_Plan_FY_2008.pdf.

• Home care patients could be coming home from hospitals and nursing homes with the virulent, drugresistant bacteria methicillin-resistant Staphylococcus aureus, or MRSA. It's showing up outside of institutional settings, and the infection may be twice as common as previously thought, according to Dr. R. Monina Klevens, lead author of a study published in the Oct. 17 issue of the Journal of the American Medical Association. Nearly one of every five patients with the infection dies, the study reports.

The study concluded that 85 percent of invasive MSRA infections are associated with health care treatment. The bacteria can be transported from patient to patient by medical staff and equipment. There is a higher prevalence rate and death rate for the elderly, African-Americans and men, the study reports.

MRSA causes urinary tract, blood and lung infections, as well as wound infections. It is reported to cause 10 percent to 20 percent of all infections acquired in a health care setting. There was considerable geographic variation among the communities studied, with Baltimore far ahead of the other localities in numbers infected.

• CMS reports the success of a project it sponsored focusing on preventing serious pressure ulcers in nursing home residents. The nationwide project stopped more than two-thirds of the residents' serious pressure ulcers, a CMS press release says. The project included collaboration with home health agencies to prevent serious pressure ulcers before a patient entered the nursing home, CMS reports. For more information, check the latest issue of the Journal of the American Geriatrics Society.



• Here's one more CMS deadline set for January -- for Medicare providers to begin using National Provider Identifiers. "Effective Jan. 1, 2008, your Medicare fee-for-service claims received must include an NPI in the primary fields on the claim (i.e., the billing and pay-to fields)," CMS says in a message to providers.

You can submit NPI/legacy pairs in those fields or submit only your NPI, CMS explains. "Claims with only a Legacy provider identifier for the primary fields will be returned as unprocessable."

Providers can continue to include legacy numbers only for the secondary fields, such as referring physicians, CMS adds.

• A new report highlights how home health agencies can improve -- at least from the patients' point of view. The report shows steady improvement in patient satisfaction in 2006. Patients are not complaining about the clinical staff.

Opportunity: The greatest source of patient dissatisfaction dealt with office issues, including how the agency handles emergencies. This may underscore opportunities to improve acute hospitalization and emergency care outcomes, using improved agency processes.

How the HHA handles emergencies was the number two priority for patients. The study, released Sept. 18 by **Press Ganey**, found that Medicare patients reported the highest overall satisfaction with home care services.

For the full report, "Home Care Pulse Report: Patient Perspectives on American Health Care," go to http://www.pressganev.com/homecarereport.pdf.