

OASIS Alert

Industry Notes: It's Finally Coming: ICD-10 Set For Fall 2014

Don't get too relaxed with one-year delay.

If you've been holding off on your ICD-10 implementation efforts, it's time to get back to work.

In a final rule published in the Sept. 5 Federal Register, the **Centers for Medicare & Medicaid Services** finalizes its proposed one-year delay to implementation of the new ICD-10 diagnosis coding set. CMS had announced a delay of unspecified length in February, then in April proposed the one-year deadline bump to October 2014.

"The change in the compliance date is intended to give covered healthcare providers and other covered entities more time to prepare and fully test their systems to ensure a smooth and coordinated transition by all covered entities," CMS notes in the rule. The one-year delay gives providers a break but also minimizes disruption and costs a longer postponement would cause.

"ICD-10-CM/PCS implementation is inevitable, but today's news gives the healthcare community the certainty and clarity it needs to move forward with implementation, testing, and training," says the **American Health Information Management Association** in a release.

Bright side: While providers wait on ICD-10 implementation, no ICD-9-CM diagnosis code updates are planned for ICD-9 2013 (effective Oct. 1, 2012). There's a freeze in place until ICD-10-CM replaces ICD-9-CM.

Potential changes for the annual ICD-9-CM update usually appear at this time of year in CMS's Inpatient Prospective Payment System (IPPS) proposed rule, but this year's IPPS indicated you won't have to deal with any changes. Providers can focus on ICD-10 prep instead.

Note: The final rule is at <http://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-21238.pdf>.

- **Your hospitalization and emergency department outcome measures** may get more accurate, now that the source for the information is changing.

Old way: Formerly, home health agencies' CASPER reports and the Home Health Compare website based Acute Care Hospitalization and Emergency Department use without hospitalization on agencies' own submitted OASIS data.

New way: Now, HHAs' CASPER reports include claims-based ACH and ED use measures, **Robin Dowell** of the **Centers for Medicare & Medicaid Services** said in the Aug. 22 Open Door Forum for home care providers. The CASPER reports also include the OASIS-based ACH measure, but the OASIS-based ED measure is gone from the report altogether, Dowell added.

The OASIS-based ED measure will also be eliminated from Home Health Compare starting in October, a CMS source explains to **Eli**. CMS finalized the move to remove the OASIS-based ED measure last year.

The claims-based figures are drawn from the April 2011 through March 2012 time period, Dowell pointed out. You may have to be a bit patient, as CMS continues to work out some glitches with the figures, she added.

Revealed: Medicare Advantage patients will not be included in claims-based outcome figures, Dowell confirmed in response to a question from **Interim Healthcare's Barbara McCann**.

Plus: Home Health CAHPS patient satisfaction data now also displays on the Home Health Compare website, CMS's **Debra Dean-Whittaker** pointed out in the call.

In other news: CMS still hasn't received **Office of Management and Budget** approval for its OASIS-C form, but that doesn't mean it's expired. The OASIS-C form does display a July 31, 2012 expiration date, Dowell

acknowledged. But back in March CMS submitted a Paperwork Reduction Act package, which requested no changes to the form, to the OMB for approval. "The approval of the existing package will continue until OMB gives us their response," she explains.

- **The feds may have given you a motivating factor** to help physicians maintain and submit documentation for home care patients, but it could increase your medical record workload as well.

Medicare's Conditions of Participation (CoPs) for home health agencies require providers to retain records for five years, notes the **National Association for Home Care & Hospice**. But a new transmittal from the **Centers for Medicare & Medicaid Services** ups that retention period to seven years for "written and electronic documents ... relating to written orders and certifications and requests for payments for ... home health services" and other items and services including DME, CMS says in Transmittal No. 431 (CR 7890).

CMS will hold ordering physicians to the same seven-year standard for record retention, it says in the transmittal. And CMS now requires the doc "to provide access to that documentation pursuant to a CMS or Medicare contractor request," the transmittal makes clear.

Consequences: HHAs, physicians, or other providers who fail to retain the documentation or submit it to a contractor upon request may see CMS "revoke the party's Medicare billing privileges," the agency warns. Specifically, "if a provider fails to respond to a letter request for documentation within 30 days of the Medicare contractor's request, the contractor may revoke the provider's Medicare billing privileges and impose a 1-year re-enrollment bar," CMS warns in a related MLN Matters article.

Home care providers should consider keeping their records for 10 years, NAHC recommends. That timeframe matches "the requirements in the regulations and the statute of limitation in the Federal False Claims Act," the trade group advises.

The transmittal is at www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R431PI.pdf and MLN Matters article is at www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7890.pdf.

Note: For more tips on running a successful home care agency, see **Eli's** Home Care Week. Information on subscribing is online at www.elihealthcare.com or by phone at 1-800-874-9180.