

## OASIS Alert

### Industry Notes: CMS GIVES PROVIDERS AN EXTRA

**New coding system target date is 2013, according to final rule.**

If you were concerned about the proposed ICD-10 implementation date of Oct. 1, 2011, take heart.

The **Centers for Medicare & Medi-caid Services** has extended that date by two years, according to a recently published **Department of Health and Human Services** final rule.

You'll have to ensure compliance with ICD-10 by the effective date of Oct. 1, 2013, according to a Jan. 15 HHS press release. The new edition of the ICD manual will expand the code set from 17,000 codes, which ICD-9-CM currently has, to more than 155,000 codes, which ICD-10 includes.

"HHS received more than 3,000 comments on the ICD-10 proposed rule, and support for transition to the ICD-10-CM and ICD-10-PCS is strong throughout the healthcare industry," says **Kerry Weems**, acting CMS administrator, in the release.

Home care provider groups, including the **National Association for Home Care & Hospice**, urged CMS in their comments to delay the implementation date. The rule is at [www.federalregister.gov/OFRUpload/OFRData/2009-00743\\_PI.pdf](http://www.federalregister.gov/OFRUpload/OFRData/2009-00743_PI.pdf).

- CMS soon may rework its HCPCS coding for negative pressure wound therapy (NPWT) devices. CMS and the **Agency for Healthcare Research and Quality** are reviewing the items. CMS is calling for "relevant studies and information for use in consideration of coding changes," it says in a message to providers. "CMS will use this review in its assessment of whether existing HCPCS codes adequately represent the technology and comparative benefits of NPWT devices."

"We are particularly interested in those well-conducted clinical trials that describe the comparative benefits of these devices," the agency adds. Submissions must be received on or before Feb. 6.

More information is online at [www.ahrq.gov/clinic/ta/npwtrequest.htm](http://www.ahrq.gov/clinic/ta/npwtrequest.htm).

- You know how irritating it is when you can't bill for a patient who transferred from another home health agency, because that HHA hasn't submitted the final claim for her? Don't do that same thing to outpatient therapy providers, urges regional home health intermediary **National Government Services** in its January bulletin for providers.

"It is important that home health agencies discharge their patients in a timely manner," NGS says. "Patients treated under a home health plan of care should be discharged from the HHA when they are no longer homebound" and can receive outpatient rehabilitation services.

Don't hold up the Part B therapy provider, NGS exhorts. "If the HHA does not file their claim in a timely manner, the rehabilitation agency is not able to bill Medicare for the services they provide."