

MDS TIPS AND CLINICAL PEARLS

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ICD-10: ARE YOU READY?

*Carol Siem RN, MSN, BC, GNP (QIPMO)
Deanna Peterson MHA, RHIA, CHPS (AVP Health Information Services
First Class Solutions, Inc.)*

What is ICD-10?

ICD-10 CM is the updated version of ICD-9 CM that will be effective October 1, 2014 ICD-10 CM for all health care settings including Long Term Care. If you want to be reimbursed for the care you have provided, any HIPAA covered entity must use ICD-10 CM for all health care services provided on or after October 1, 2014. Claims that do not use ICD-10 CM diagnosis codes will not be able to be processed. As the date nears, facilities must be ready for the transition to help limit cash flow disruptions.

ICD-9 CM is working so why do we have to switch?

ICD-9 CM is over 30 years old, contains outdated and obsolete terms, and is inconsistent with current medical practices. Also, the structure of ICD-9 CM is limited to the number of codes that can be added and as a result, many categories are full. Finally, the United States is the last industrialized nation to change over to ICD-10. ICD-10 CM codes allow for greater specificity and exactness in describing a resident's diagnosis. While ICD-9 CM has approximately 13,700 codes, ICD-10 CM has over 70,000 codes. It is anticipated the ICD-10 CM coding will make the billing process more streamlined and efficient, and this will also allow for more precise methods of detecting fraud.

We have a year to get ready so why talk about it now?

Implementing ICD-10 CM will need advanced planning for updating systems, monitoring trading partner

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readiness (such as clearing houses) monitoring payer readiness and scheduling education. Therefore, you need to incorporate ICD-10 CM into your budget. The budget should include such things as software upgrades/software license costs, hardware procurement, staff training costs, revision of forms, work flow changes during and after implementation and risk mitigation. You should start considering now whether or not the staff members doing ICD-9 CM coding have sufficient knowledge to continue coding for ICD-10 CM. Moreover, some studies show that coding in ICD-10 CM will take twice as long, so you should anticipate a learning curve and a possible increase in staffing costs.

Is there anyone to help?

The state associations (Leading Age, Missouri Health Care, Missouri Hospital Association and Missouri League for Nursing) are working together to ensure the appropriate training is provided for long term care. Training is not a one size fits all proposition. Providers should attend education that is directed towards the unique needs of long term care. The state associations are working to provide this education next summer.

CMS has a web site dedicated to ICD 10: <http://www.cms.gov/Medicare/Coding/ICD10/index.html>. Two articles may be of interest is FAQs: ICD 10 Transition Basics, and ICD 10, It's closer that it seems.

Another good web site would be AHIMA (American Health Information Management Association) at <http://www.ahima.org/education/onlineed/Programs/ICD10>.



QIPMO

QIPMO TEAM

CLINICAL EDUCATORS

Trish Kincade, BSN, RN, LNHA

Katy Nguyen, MSN, RN

Carol Siem, MSN, RN, BC, GNP

Sharon Thomas, BSN, RN, RAC-CT

LTC LEADERSHIP COACH

Dave Walker, BSE, LNHA

PROJECT DIRECTOR

Marilyn Rantz, PhD, RN, FAAN

PROJECT COORDINATOR

Jessica Mueller, BA

MDS CODING TIP *Carol Siem RN, MSN, BC, GNP*

Section M: Coding for Skin and Ulcer Treatments (M1200)

There has been some discussion lately about the coding of Section M in regards to pressure reducing devices for chair and bed. This is a section that we often code “yes” we have this in place BUT are we meeting the intent of the question? Let’s go back to the manual and see what it says.

On page M-37, there is the definition of Pressure Reducing Device(s): “Equipment that aims to relieve pressure away from areas of high risk. May include foam, air, water gel, or other cushioning placed on a chair, wheelchair, or bed. Include pressure relieving, pressure reducing, and pressure redistributing devices. Devices are available for use with beds and seating.” On the same page it goes into the planning for care and it talks about basic pressure ulcer prevention and skin health interventions that are a part of providing quality care and consistent with good clinical practice for those with skin health problems.

Then it goes on to “Coding Tips”: on M-38: Pressure

reducing devices redistribute pressure so that there is some relief on or near the area of the ulcer. The appropriate reducing (redistribution) device should be selected based on the individualized needs of the resident.

So the question for the day is: All of our beds are pressure relieving, pressure reducing, or pressure redistributing so should it be marked on EVERY MDS for EVERY resident? The answer is NO. Not all of our residents have skin health problems and answering this question should be based on the individualized needs. We do have residents that are a very low risk for developing a skin problem. Having a higher quality mattress on all our beds is one way of providing quality care and reduces the potential for developing skin issues. The key is if a problem develops, is then we must assess those residents’ particular needs and let that guide us to more individualized and specific interventions.

QUESTIONS FROM THE FIELD

Dave Walker, BSE, LNHA

QUESTION: CAN I CHARGE MY MEDICAID/ MEDICARE RESIDENTS FOR OXYGEN?

Answer: No. Oxygen and the administration of oxygen are included in your nursing home per diem. An all-inclusive list can be found at: <http://www.sos.mo.gov/adrules/csr/current/13csr/13c70-10a.pdf>

APPENDIX - Routine Covered Medical Supplies and Services, page 11, specifically lists Oxygen as being included in the per diem rate:

Oxygen (portable or stationary), Oxygen Delivery Systems, Concentrators and Supplies
and

13.8.A(4) Therapeutic Agents and Supplies

Nursing Services (regardless of level, administration of oxygen, restorative nursing care, nursing supplies, assistance with eating and massages provided by facility personnel.

You can also find more information on page 13 of The Missouri Health Net:

http://manuals.momed.com/collections/collection_pha/Pharmacy_Section13.pdf

Dave’s Memo: On a side note, I would also recommend that you check out “Personal Funds: To Charge or Not to Charge” published by the Department of Health and Senior Services in their LTC Bulletin Spring 2011, page 3. <http://health.mo.gov/seniors/nursinghomes/pdf/lcbulletinspring2011.pdf>

Also the SOM for F162, **§483.10(c)(8) Limitation on Charges to Personal Funds** has specific information of what can be charged to a resident’s personal funds.

