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The Healthcare Bulletin

New Name and Logo for Education Articles

"Medlearn Matters" is now known as "MLN Matters." The MLN stands for Medicare Learning Network. A new logo appears at the top of the articles. The articles can now be accessed from www.cms.hhs.gov/MLNMattersArticles on the CMS website.

New Psychosocial Severity Guide

The CMS webcast provides examples of how the new guidelines will be interpreted. Providers may view the webcast at www.cms.internetstreaming.com.

Medicare Prescription Drug Coverage

Medicare has requested drug plans to implement a three-month transition period to allow beneficiaries time to obtain exceptions for the preferred drugs and meet prior authorization requirements. For more information and material regarding the transitional period, go to the following links. CMS Fact Sheet :

www.cms.hhs.gov/apps/media/press/release.asp?Counter=1817

"Getting Drugs After Your Transition"
http://www.medicare.gov/WhatIfTransition_option2.pdf

RAI User's Manual Update

The March 2006 revisions to the MDS 2.0 RAI User's Manual are available at www.cms.hhs.gov/nursinghomequalityinits/20_nhqimds20.asp. It is impossible to code the MDS accurately without following the RAI manual and updates.

Long Term Care Open Door Forum

The next CMS Skilled Nursing Facility/Long Term Care Open Door Forum is scheduled for April 27, 2006 at 2:00 PM EDT. To participate, dial 1-800-837-1935 and Reference Conference ID 5246487.

MDS Coding Hint: Item P7 - Physician Visits

It is important to code the number of days on which a physician examined the resident, not

the number of visits by the physician. The examination must be documented by the physician. Inaccurate coding of P7 and P8 (Physician Orders) can result in a reclassification of the RUG category or denial of a Medicare claim.

DAVE 2

DAVE 2 is a continuation of the original DAVE reviews. Facilities will be randomly selected and will be notified two weeks prior to the scheduled visit. Teams of two nurse reviewers will be on site for four days, to review 12 MDS forms and related medical records per facility. Records will be selected from MDS assessments completed in the 30 days prior to the visit. (*Source: DAVE 2 Fact Sheet for Nursing Facilities*)

Documentation Requirements for Therapy Services

CMS has included "Documentation Requirements for Therapy Services" in the Therapy Caps Exception Process. See Transmittal 47, Pub. 100-02. Scroll through the document to Medicare Benefit Policy, Chapter 15, Section 220.3.5.

Medicare Physician Fee Schedule Update

On November 2, 2005, CMS published an advance copy of the 2006 Physician Fee Schedule which reflected a 4.4% decrease in payments. This regulation took effect January 1, 2006. However, due to the passage of the Deficit Reduction Act on February 8th, the physician fee schedule decrease was rescinded. The Deficit Reduction Act extended 2005 Medicare payment rates through 2006.

Medicare is now paying all 2006 claims at the new, higher rates. If providers submitted claims in January that have already been paid, Medicare will reprocess these claims automatically and repay the difference. CMS expects that all claims will be reprocessed by July 1, 2006.

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